1889

Derbyshire County Council.

ANNUAL REPORT

ON THE

HEALTH OF DERBYSHIRE

For the Year 1915,

BY

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OFFICERS OF HEALTH.

COUNTY MEDICAL OFFICER OF HEALTH.

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To the Chairman and Members of the Public Health and
Housing Committee of the Derbyshire County Council.

GENTLEMEN,

I have the honour to present to you my 26th Annual Report on the health of Derbyshire.

At the moment when this Report was completed we received a Circular Letter from the Local Government Board suggesting the preparation of a list of constructional works which will have to be carried out after the War. Under the heading "Further Sanitary Requirements" in Part II. of the Report, the works required for the Public Health in each District are given. If after the War any national scheme for providing employment is started, I hope it will take the form of the provision of houses for the working classes. The present is the time for getting out plans of houses the cost of which should be much less than those which have been erected in the past. I have laid before you an excellent plan shewing a large living room with an alcove to take the place of the parlour, which, generally speaking, in the working man's home is waste space. The plan shewed a coal house and water closet with a flat roof on which a shelter could be erected for the open-air treatment of tuberculosis or for isolating infectious disease. This would be an ideal way of dealing with the problem of the advanced consumptive. The patient would be isolated, but he would be within easy communication of the house by means of a door on the first floor. If any housing scheme is rushed I am afraid the houses will be erected on the old stereotyped lines. To avoid this the plans should be prepared at once.

I am,
Your obedient Servant,
SIDNEY BARWISE.

County Offices, Derby,
August 31st, 1916.

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TABLE I.

Birth Rate and Death Rate from the Seven Principal Zymotic Diseases and all Causes and Infantile Mortality in the Whole County during the last Twenty-five Years.

Year.		Death Rates per 1,000 of Population.								Death Rate from all Causes.	Birth Rate.	Infantile Mortality per 1,000 Births.
		Small Pox.	Scarlatina	Diphtheria & Membranous Croup.	Typhoidal Fevers.	Measles.	Whooping Cough.	Diarrhœa	Seven Principal Zymotics			
1891 to *1900*	WHOLE COUNTY ...	**.028**	**.16**	**.17**	**.16**	**.43**	**.30**	**.58**	**1.87**	**17.1**	**33.7**	**147**
	England and Wales ...	*.012*	*.15*	*.27*	*.18*	*.39*	*.36*	*.71*	*2.14*	*18.3*	*29.9*	*153*
1901 to *1910*	WHOLE COUNTY ..	**.004**	**.10**	**.16**	**.08**	**.26**	**.24**	***.58**	***1.58**	**14.1**	**28.5**	**126**
	England and Wales ..	*.016*	*.10*	*.17*	*.10*	*.30*	*.27*	*.77*	*1.50*	*15.3*	*27.1*	*128*
1911	WHOLE COUNTY ..	—	**.05**	**.21**	**·05**	**·28**	**.16**	**1.27**	**2.04**	**13.6**	**27.5**	**135**
	England and Wales ..	—	.05	.13	.07	.36	.21	1.29	1.88	14.6	24.4	130
1912	WHOLE COUNTY ..	—	**.07**	**.08**	**.04**	**.26**	**.24**	**.26**	**.95**	**12.03**	**25.60**	**93.5**
	England and Wales ..	—	.05	.11	.04	.35	.23	†.31	1.09	13.3	23.8	95.0
1913	WHOLE COUNTY ..	—	**.05**	**.14**	**.04**	**.33**	**.15**	**.55**	**1.28**	**12.62**	**25.61**	**110.4**
	England and Wales .	.00	.06	.12	.04	.28	.14	†.55	1.19	13.4	23.9	109
1914	WHOLE COUNTY ..	—	**.08**	**.17**	**.01**	**.27**	**.27**	**.38**	**1.21**	**12.80**	**25.59**	**101.4**
	England and Wales ..	.00	.08	.15	.05	.24	.21	†.48	1.21	13.70	23.8	104.8
1915	Urban Districts ..	—	.028	.18	.03	.56	.15	.28	1.25	13.72	25.27	108.3
	Rural Districts ..	—	.056	.22	.03	.36	.06	.39	1.13	12.67	24.50	86.3
	WHOLE COUNTY ..	—	**.04**	**.20**	**.03**	**.46**	**.11**	**.33**	**1.19**	**13.21**	**24.89**	**97.8**
	England and Wales ..	.00	.06	.15	.03	.44	.22	†.40	1.33	15.1	21.8	110.0

* Since 1901 the Deaths from Enteritis, etc., are included. † Under two years.

Report on the Health of Derbyshire, Year 1915.

PART I.

THE COUNTY AS A WHOLE.

POPULATION.

Owing to the war the population of the County is considerably less than in 1914. Men of military age have gone abroad and to training centres. The Registrar-General has been able to make an estimate of the population from the National Register returns. In the light of this information the population of Derbyshire estimated at the middle of 1915 was 553,990, or about 30,000 less than at the middle of the previous year, and some 6,000 less than at the census in 1911. I feel that however one tried to obtain correct data for the vital statistics the difficulties are such that they would still be unreliable.

BIRTHS.

The birth-rate for the whole County works out at 24·89, and this is estimated on the reduced population. If the births were estimated on the population at the middle of the previous year the rate would be 23·7. The lowest previous rate recorded in Derbyshire was 25·5. The highest rate in the County was that of Clay Cross 33·3; the next highest rate was that in the Blackwell Rural District just over 32, then Bolsover with 30·58. These are the only districts with rates over 30. Ilkeston, Swadlincote, and Whittington & Newbold follow close with rates of 29, then Alfreton and Chesterfield Rural District with rates of over 28.

I have previously pointed out that it is chiefly the coal-mining districts in Derbyshire that we have to rely upon for the natural increment of population.

The National Birth-rate Commission publish the following findings with respect to the birth-rate of the United Kingdom:—

> "We consider that the following propositions are definitely established:—
>
> "(1) That the birth-rate has declined to the extent of approximately one-third within the last thirty-five years.

"(2) That this decline is not, to any important extent, due to alterations in the marriage rate, to a rise of the mean age at marriage, or to other causes diminishing the proportion of married women of fertile age in the population.

"(3) That this decline, although general, has not been uniformly distributed over all sections of the community.

"(4) That on the whole the decline has been more marked in the more prosperous classes.

"(5) That the greater incidence of infant mortality upon the less prosperous classes does not reduce their effective fertility to the level of that of the wealthier classes.

" We consider that the following propositions, although based upon evidence less substantial that that upon which conclusions (1) to (5) rest, are also sufficiently well established :—

"(6) Conscious limitation of fertility is widely practised among the middle and upper classes, and there is good reason to think that, in addition to other means of limitation, the illegal induction of abortion frequently occurs among the industrial population.

"(7) There is no reason to believe that the higher education of women (whatever its indirect results upon the birth-rate may be) has any important effect in diminishing their physiological aptitude to bear children."

DEATHS.

The death-rate for the year was 13·2, a little higher than in the previous years and 1·2 higher than the minimum we recorded in 1912. It is extremely probable that the rate is higher owing to the removal from the County of a large number of healthy lives, but we have not the necessary factors for correcting the death-rate for age and sex distribution. This is why I have not given the corrected death-rate this year. In Table II. the death-rate for each district is given. It will be seen that the rate in the Rural Districts is 12·6, and in the Urban Districts 13·7, while the average is 13·2 for the whole County. The highest death-rate was registered in Clay Cross 17·2, while the lowest rate 9·3 per 1,000 was registered in North Darley.

INFANTILE MORTALITY.

The Infantile Mortality of the County was 97·8 per 1,000 births. It was 86 in the Rural Districts and 108 in the Urban Districts. Certain districts stand out in a most unenviable position. New Mills with a rate of 164, Fairfield 144, Ilkeston 142, Bolsover 135, and Ashbourne 121.

In view of the diminishing birth-rate it is of paramount importance that every effort should be made to reduce infantile deaths. During the year the County Council adopted the Notification of Births Act for that part of the County in which the District Councils had not already adopted it. A further number of health visitors were appointed. We succeeded also in making arrangements with the District Councils for a Joint Health Visiting Service, and, except in the boroughs, which are independent Education Authorities, we have been able to arrange that the women who act as school nurses for the Education Committee and health visitors for the Tuberculosis Committee should be appointed as health visitors under the Notification of Births Act, thus obviating dual visits to the homes, preventing overlapping, and saving travelling expenses.

Table III. gives the infantile death-rate from different causes and the age groups in which the deaths occur in different areas grouped according to the occupations of the inhabitants. It will be seen that the mortality in the agricultural area was only 66, while in the well-to-do residential areas it was 97; in the manufacturing districts (chiefly textile) it was 101; in the colliery districts 105, while in the Borough of Chesterfield, which is a general manufacturing district including a considerable number of coal-miners, the mortality is 112. As I previously pointed out, one of the main contributing factors of the high mortality in Chesterfield is the predominance of the privy midden. I think the table shows that our most fruitful field for work in reducing infantile mortality is in the coal-mining districts. The wages earned are much higher than in the agricultural districts, the housing is better, the women don't go to work, and we ought not to be satisfied until the infantile mortality in these areas is as low as in the agricultural districts.

INFANT WELFARE CENTRES.

During the year the Blackwell Rural District Council decided to start Infant Welfare Centres under the supervision of the Medical Officer of Health of the district at Pinxton, South Normanton, Shirebrook, Tibshelf, and Blackwell.

The Long Eaton Urban District Council have appointed an additional health visitor and have taken a house in which they have established an Infant Clinic. Dr. Milligan calls attention to an important point which is frequently overlooked that when the child is first learning to crawl it should be laid on a washable rug on the floor. Crawling on a rug made of pieces of cloth—rugs which are never washed and frequently contaminated by domestic animals—is courting disaster.

The Committee have arranged that the staff appointed shall be the joint staff which already perform the health visiting work of the County Council, both for the Tuberculosis Committee and the Education Committee. The premises secured are ideal for the purpose for a town of the size of Long Eaton. At Long Eaton 77% of the children born were of normal weight or above normal weight. The mortality amongst the breast-fed children was 48, amongst those artificially fed 362, showing that the main line of defence against infantile mortality is to secure first that the mothers were able to feed their children; next, that they were willing to do this. Dr. Milligan points out that the total mortality amongst the whole of the children was 75·4 per 1,000 births; amongst legitimate children 70·6, while amongst illegitimate it was 499.

Perhaps the best infant work in the County is being done at Chesterfield, where there are four Infant Consultation Centres, one for each ward. During the year a new Infant Welfare Centre was established in Lordsmill Street, consisting of a consulting room, a kitchen, and a waiting room. In the kitchen practical demonstrations are given of the preparation of infant food. The Medical Officer of Health himself attends and gives general instruction. The scheme has not been going long enough yet to affect the statistics, but I am sure the wisdom of the Corporation will be justified in the number of children whose lives will be saved.

In other parts of the County the only fresh work undertaken is done by the Education Committee, who agreed to make a grant for each health visitor to have a School for Mothers in such parts of their district as the local medical officer of health and myself should agree upon. These Schools for Mothers are doing excellent educational work, and during the war the lady doctors in the employment of the Education Committee are acting as medical advisers.

Welcomes have also been started at Ashbourne, Alfreton, Belper, Buxton, Bolsover, Clowne, Clay Cross, Eckington, Fairfield, Grassmoor, Heanor, Melbourne, New Mills, Ripley, Stonebroom, Swadlincote, Staveley, Unstone, Wirksworth, Ironville, Middleton-by-Wirksworth.

I have prepared a number of circulars which are used in our Welfare work. The first circular N.B. 5 is one which is given to expectant mothers. Many of them come to the Mothers' Welcome to get patterns of infant clothing. This circular we give to all the midwives in the County to hand to the women who come to them to book them for their confinements. As our health visitors under the Notification of Births Act are also the inspectors of midwives, advantage is taken of this to see that mothers expecting to be confined make adequate preparation. I hope the circular will be the means of insuring a higher standard of cleanliness during the puerperium.

The next circular N.B. 6 is left on each mother after her confinement. It gives advice to the mother about her health during the period she is feeding her child. It points out the necessity for breast feeding and gives instructions with regard to the hygiene of the child during the first twelve months. The next circular N.B. 7 is given to those mothers who are compelled to bottle-feed their

TABLE II.

COUNTY OF DERBY. Year ending December 31st, 1915.

Table giving the Birth Rates and the Death Rates from several causes, in each of the URBAN Sanitary Districts of the County.

URBAN SANITARY DISTRICT.	MEDICAL OFFICER OF HEALTH.	AREA in acres (Land and Water).	CENSUS 1911.		POPULATION.			BIRTHS.	DEATHS.	Annual Rates per 1,000 of Estimated Population.						Infantile Death Rate per 1,000 Births
			Total number of Private Families.	Percentage of Tenements Overcrowded	Census. 1901	Census. 1911	Estimated to middle of 1915			Birth Rate.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœal Diseases.	Phthisis Death Rate.	Respiratory Death Rate.	
ALFRETON	S. O. Bingham, M.R.C.S.	4,626	4,130	2·13	17,505	19,046	19,431	551	217	28·35	11·16	·77	·31	·51	2·16	63·5
ALVASTON AND BOULTON	D. W. M. Turpin, L.R.C.P.I.	1,591	332	·30	1,279	1,398	1,529	41	17	26·81	11·11	...	...	1·96	2·61	73·1
ASHBOURNE	E. A. Sadler, M.D.	573	930	4 40	4,039	4,059	3,888	74	53	19·03	13·63	·77	...	·51	1·54	121·6
BAKEWELL	C. W. Evans, M.B.	3,061	649	1·84	2,877	3,078	2,837	44	35	15·51	12·33	·70	...	1·06	3·17	113·6
BASLOW AND BUBNELL	P. S. Fentem, M.D.	5,634	194	1·54	797	858	798	18	11	22·55	13·78	1·25	...	1·25	1·25	111·1
BELPER	R. G. Allen, M.R.C.S.	3,183	2,506	2·11	10,934	11,640	11,756	284	175	24·16	14·88	·93	·08	1·02	2·63	109·1
BOLSOVER	W. Stratton, L.R.C.P.I.	4,955	2,128	4·23	6,844	11,214	11,088	339	145	30·58	13·07	2·25	·18	·45	2·61	135·7
BONSALL	A. G. Harvey, M.D.	2,447	299	2·67	1,360	1,248	1,214	27	13	22·24	10·71	...	...	...	2·47	...
BRAMPTON AND WALTON	R. A. McCrea, M.B.	9,734	490	1·42	2,168	2,125	2,287	49	33	21·42	14·43	·44	...	1·31	3·93	20·4
BUXTON	T. B. Flint, M.R.C.S.	1,310	1,941	2·06	10,181	10,024	9,590	161	134	16·78	13·97	1·04	·21	·72	3·02	118·0
CHESTERFIELD (Borough)	R. Fraser, M.B.	2,643	7,711	2 39	32,335	37,406	37,653	1,021	577	27·11	15·32	1·75	·23	·98	2·86	112·6
CLAY CROSS	N. A. K. Sparrow, L.R.C.P.I.	1,467	1,756	5·41	8,358	8,365	8,108	270	140	33·30	17·26	2·46	·61	·12	3·82	140·7
DRONFIELD	O. H. Hudson, M.R.C.S.	1,045	939	2·34	3,809	3,943	4,179	86	64	20·58	15·31	·71	·24	·95	4·06	127·9
FAIRFIELD	C. J. Bennet, M.R.C.S.	3,457	910	2·85	2,969	4,114	4,299	90	61	20·93	14·19	·69	...	1·86	1·86	144·4
GLOSSOP (Borough)	D. J. Mackenzie, M.D.	3,052	5,188	2·42	21,526	21,688	20,665	357	294	17·28	14·23	·77	·48	·62	3·04	114·8
HEAGE	N. C. Boyle, L.R.C.P.	2,367	724	2·90	2,889	3,474	3,678	100	42	27·18	11·42	·27	...	·81	·81	70·0
HEANOR	W. H. Turton, M.B.	3,509	4,230	2·00	16,249	19,851	20,918	556	235	26·58	11·23	·95	·48	·57	2·00	75·5
ILKESTON (Borough)	J. A. Watt, M.B., D.P.H.	2,526	6,487	2·82	25,384	31,657	30,859	919	460	29·78	14·90	1·55	·48	·84	3·98	142·5
LONG EATON	E. H. M. Milligan, M.D., D.P.H.	2,099	4,163	·60	13,045	19,207	17,460	358	200	20·50	11·45	·68	·11	·57	1·77	75·4
MATLOCK	E. Crarer, M.B.	4,205	1,409	1·98	5,979	6,745	5,950	95	81	15·96	13·61	1.34	·33	1·17	1·17	73·6
MATLOCK BATH	G. Harvey, L.R.C.P.	335	426	1·40	1,819	1,802	1,593	28	16	17·58	10·04	·62	...	·62	3·13	71·4
NEW MILLS	J. E. Anderton, M.R.C.S.	5,204	2,036	3·72	7,773	8,998	8,288	146	122	17·61	14·72	1·93	·60	·96	3·13	164·4
NORTH DARLEY	S. E. Morton, M.R.C.S.	5,142	700	1·28	2,756	3,317	3,011	57	28	18·93	9·30	·33	...	·99	1·66	70·1
RIPLEY	G. W. W. Ashdown, M.D.	2,815	2,532	1·57	10,111	11,848	12,661	352	134	27·80	10·58	·55	·31	·31	1·65	73·8
SOUTH DARLEY	J. L. Fletcher, M.B.	2,008	192	2·08	788	809	742	13	8	17·52	10·78	...	...	...	...	...
SWADLINCOTE	J. Hamilton, M.D.	3,670	3,904	2·99	18,014	18,674	18,975	558	248	29·41	13·07	1·10	·26	·47	2·00	119·9
WHITTINGTON AND NEWBOLD	W. D. Carruthers, M.B., D.P.H.	4,179	3,566	3·81	15,015	17,213	17,834	530	295	29·72	16·54	2 41	·61	1·28	4·09	126·4
WIRKSWORTH	A. E. Broster, M.R.C.S.	3,027	976	2·97	3,807	3,888	3,657	76	72	20·78	16·95	·27	...	·82	1·91	92·1
	TOTAL	89,864	61,448	2·54	250,610	287,689	284,948	7,200	3,910	25·27	13·72	1·24	·31	·76	2·68	108·3

TABLE II.—continued.

COUNTY OF DERBY. Year ending December 31st, 1915.

Table giving the Birth Rates and the Death Rates from several causes, in each of the RURAL Sanitary Districts of the County.

RURAL SANITARY DISTRICT.	MEDICAL OFFICER OF HEALTH.	AREA in Acres (Land and Water).	CENSUS, 1911.		POPULATION.			BIRTHS.	DEATHS.	ANNUAL RATES PER 1,000 OF ESTIMATED POPULATION.						Infantile Death Rate per 1,000 Births.
			Total Number of Private Families.	Percentage of Tenements Overcrowded	Census 1901.	Census 1911.	Estimated to middle of 1915.			Birth Rate.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœal Diseases.	Phthisis Death Rate.	Respiratory Death Rate.	
ASHBOURNE	J. Hoole, M.R.C.S.	70,380	2,337	2·09	10,441	10,294	10,318	201	131	19·48	12·69	·09	·09	·67	1·35	74·6
BAKEWELL	P. S. Fentem, M.D.	84,233	4,835	2·46	18,645	20,257	19,380	354	277	18·26	14·29	·72	·20	·82	2·21	62·1
BASFORD	G. B. Wray, M.R.C.S., D.P.H. ...	3,569	309	1·29	1,590	1,450	1,440	35	19	24·30	13·19	...	...	·69	2·77	...
BELPER	E. J. H. Hoskyns, L.R.C.P. ...	50,357	5,125	2·30	22,478	23,586	25,451	474	295	18·62	11.59	·62	·15	·70	1·96	73·8
BLACKWELL	J. O. Littlewood, M.R.C.S., D.P.H.	21,237	7,570	4·26	28,748	39,306	39,540	1,270	478	32·12	12·09	2·14	·85	·70	2·27	102·3
CHAPEL EN-LE-FRITH	W. T. Hannah, M.D., D.P.H. ...	78,723	3,591	2·97	13,328	16,557	15,383	299	211	19·44	13·71	·45	·13	1·30	1·95	36·7
CHESTERFIELD	H. Peck, M.D., D.P.H.	68,986	15,101	3·41	64,327	72,277	71,888	2,064	962	28·71	13·38	1·55	·63	·63	2·35	97·8
CLOWN	W. Spencer, L.R.C.P.	13,428	3,506	2·93	11,907	17,844	17,507	544	209	31·07	11·93	1·82	·57	·91	1·94	101·1
GLOSSOP DALE	D. J. Mackenzie, M.D.	17,891	983	·81	4,151	4,009	3,801	62	46	16·31	12·10	·52	·26	·26	1·31	48·3
HARTSHORNE AND SEALS	R. W. Logan, M.R.C.S.	11,479	1,716	2·27	6,988	7,939	8,113	204	94	25·14	11·59	·49	·12	·49	1·84	98·0
HAYFIELD	G. B. Pemberton, M.B.	10,282	1,144	2·79	3,832	5,170	4,050	65	49	16·05	12·10	...	...	·49	2·46	46·1
NORTON	A. K. Gale, M.R.C.S....	8,738	921	2·06	3,348	3,919	4,228	62	42	14·66	9·93	·47	·23	·47	1·89	48·3
REPTON (with County Asylum) ...	P. D. Minchin, L.R.C.P.	54,273	3,350	2·08	15,227	16,133	15,335	297	311	...	20·28	...	...	...	...	...
,, (without County Asylum) ...		...	...	...	14,605	15,246	14,453	297	196	20·54	13·56	·83	·21	·96	1·72	57·2
SHARDLOW	S. Hunt, M.R C.S.	44,358	7,070	1·35	26,629	30,900	30,959	605	370	19·54	11·95	·48	·22	·67	2·55	79·3
SUDBURY	G. H. Herbert, M.R.C.S.	17,299	584	·85	2,547	2,683	2,527	55	29	21·76	11·47	·79	·39	...	·79	90·9
RURAL DISTRICTS		555,233	58,142	2·76	234,236	272,324	269,042	6,591	3,408	24·50	12·67	1·13	·42	·72	2·14	86·3
URBAN DISTRICTS		89,864	61,448	2·54	250,610	287,689	284,948	7,200	3,910	25·27	13·72	1·24	·31	·76	2·68	108·3
WHOLE COUNTY		645,097	119,590	2·65	484,846	560,013	553,990	13,791	7,318	24·89	13·21	1·19	·37	·74	2·42	97·8

INFANTILE MORTALITY, 1915.

Rates per 1,000 Births.

DISTRICTS.	I.—Developmental and Wasting Diseases.	II.—Diarrhœal Diseases.	III.—Respiratory Diseases.	IV.—Infectious Diseases.	V.—Tuberculous Diseases.	VI.—Meningitis and Convulsions.	VII.—Miscellaneous.	VIII.—All Causes.					
								Under 1 Month.	Under 3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	Under one Year.
AGRICULTURAL	32·5	3·6	10·8	..	2·7	10·8	7·2	28·9	41·5	7·2	7·2	10·8	66·9
RESIDENTIAL	52·0	6·7	10·0	13·4	1·7	8·3	5·0	52·0	72·1	5·0	3·4	16·7	97·3
MIXED	33·3	3·0	15·5	3·0	0.8	9·0	4·3	32·0	44·5	11·6	5·2	7·7	69·2
TEXTILE	41·7	11·8	23·6	3·1	1·5	11·8	7·9	44·8	61·3	18·0	12·5	9·4	101·4
COAL MINING	43·6	12·4	21·0	6·3	1·9	11·5	8·7	39·8	56·9	17·4	18·1	13·1	105·7
GENERAL MANUFACTURING	47·0	6·8	22·5	14·6	2·9	6·8	11·7	40·1	49·9	29·3	22·5	1·1	112·6
DERBYSHIRE, 1915	**41·9**	**9·7**	**19·5**	**6·1**	**1·8**	**10·6**	**7·9**	**39·0**	**54·8**	**16·4**	**14·7**	**11·8**	**97·8**
DERBYSHIRE, 1914	42·4	12·4	20·3	8·1	1·7	8·7	7·8	38·8	57·9	15·5	14·5	13·5	101·4

Agricultural.
Ashbourne Rural
Repton Rural
Sudbury Rural

Coal Mining.
Alfreton Urban
Bolsover Urban
Clay Cross Urban
Dronfield Urban
Heanor Urban
Ilkeston Borough
Ripley Urban
Swadlincote Urban
Whittington & Newbold Urban
Blackwell Rural
Chesterfield Rural
Clown Rural

Residential.
Alvaston & Boulton Urban
Bakewell Urban
Baslow Urban
Buxton Urban
Fairfield Urban
Matlock Urban
Matlock Bath Urban
North Darley Urban
Norton Rural

Textile.
Belper Urban
Glossop Borough
Long Eaton Urban
New Mills Urban
Glossop Dale Rural
Hayfield Rural

Mixed.
Ashbourne Urban
Bonsall Urban
Brampton & Walton Urban
Heage Urban
South Darley Urban
Wirksworth Urban
Bakewell Rural
Basford Rural
Belper Rural
Chapel-en-le-Frith Rural
Hartshorne & Seals Rural
Shardlow Rural

General Manufacturing.
Chesterfield Borough

children. The practical difficulty of preparing infant's food in the homes of the poorest is extremely great, especially where their is no means of storing food. For this reason we are introducing an infant milk food can in which one day's food can be prepared, and in which it can be kept sterile throughout the day. This circular has been appreciated not only by the poorest for whom it was drawn up, but by many educated mothers who have written to the office for it. Circular N.B. 8 is for distribution during the diarrhœa season. I am afraid many parents hardly appreciate the infectious nature of Summer Diarrhœa, nor the necessity for immediately seeking medical advice. In view of the success attained in the Infant Clinics in many of the large towns, we are advocating entire abstention from food for twenty-four hours, and then feeding the child on sterilised food prepared from whole milk powder.

ZYMOTIC DISEASES.

The zymotic death-rate for 1915 was 1·19 per 1,000 of the population, about the same rate as that of England and Wales. The Registrar-General now includes in his zymotic death-rate from Diarrhœa the deaths of children under two years of age, and I am not able to give an exactly comparable figure. The rate was slightly higher in the Urban Districts. This was due to the increased prevalence of Measles in the Urban Districts. In Table I. the death-rate for each of the zymotic diseases contributing towards the zymotic death-rate is given. It will be seen that the highest rate was from Measles; after that came Diarrhœa.

DIARRHŒAL DISEASES.

The death-rate from Diarrhœal Diseases was ·33 per 1,000. This is the lowest rate that we have yet recorded. In the Rural Districts the rate was ·39, and in the Urban Districts ·28. In Table II. is given the death-rate from Diarrhœa and Enteric Fever, that is, the diseases which are due to infection through excreta, in each district in the County. The highest rate was ·85, in the Blackwell district, after that came Chesterfield Rural with ·63, then Clay Cross and Whittington with ·61, New Mills with ·60, and Clowne with ·57. Except New Mills, these are all mining districts in which the privy midden abounds. It is interesting to note too that they are all districts in which the infantile mortality is high. If we take the agricultural rural districts it will be seen that the rate is infinitely less. In Ashbourne it was ·09. In Chapel-en-le-Frith ·13, Hartshorne & Seals ·12, and in Repton and Shardlow ·2. The circular N.B 8 on the prevention of Summer Diarrhœa is being distributed by the health visitors and gradually as a result of their work under the Notification of Births Act, I have no doubt that we shall see a fall in the deaths from Diarrhœa, but until the privy middens and pail closets in the mining villages are abolished we shall not reduce our diarrhœal mortality to the level we ought to attain.

SCARLET FEVER.

Year.	Cases.	Case Mortality per cent.	Death Rate per 1,000 pop.
1899	3,062	2.8	.170
1900	2,390	3.3	.159
1901	1,897	2.32	.09
1902	1,416	3.17	.09
1903	1,225	2.04	.05
1904	2,994	3.40	.197
1905	2.943	3.46	.198
1906	2,313	2.11	.09
1907	2,167	2.90	.12
1908	1,916	1.82	.06
1909	2,012	1.73	.06
1910	1,734	1.67	.05
1911	1,993	1·65	·05
1912	2,249	1·95	·07
1913	2 736	1·09	05
1914	3,260	1·50	·08
1915	2,779	·82	·04

The number of cases of Scarlet Fever notified was 2,779, and of this number only 23 proved fatal. The death-rate from Scarlet Fever for the whole County was ·04, half that of the previous year and the lowest rate we have yet recorded. That the type of disease was extremely mild is shown by the fact that the case mortality was only 0·8%. It will be seen from the table above that this is the lowest case mortality we have had experience of. Of the 2,779 cases notified 1,450 were removed to Isolation Hospitals. The highest incidence was in the Bolsover Urban District, Heanor, and the Chesterfield Rural District. In Alfreton there were 132 cases without a single death. In this connection I urge attention to Dr. Fraser's procedure quoted on page 25.

TABLE IV.—**SCARLET FEVER.**

URBAN DISTRICTS.	Estimated Population 1915.	Cases.	Deaths.	Case rate per 1,000 of Population.	Case mortality per cent.	Cases removed to Hospital
Alfreton	19,431	132	...	6·79	...	73
Alvaston & Boulton ...	1,529	3	...	1·96	...	1
Ashbourne	3,888	4	...	1 02	...	1
Bakewell	2,837	3	...	1·05	...	3
Baslow	798	...	...	...	...	...
Belper	11,756	19	...	1·61	...	11
Bolsover	11,088	123	1	11·09	·81	71
Bonsall	1,214	...	...	...	...	...
Brampton & Walton ...	2,287	...	...	...	...	...
Buxton	9,590	41	...	4·27	...	37
Chesterfield (Boro') ...	37,653	126	1	3·34	·79	80
Clay Cross	8,108	23	...	2·83	...	17
Dronfield	4,179	25	...	5·98	...	20
Fairfield	4,299	2	...	·46	...	2
Glossop (Boro')	20,665	98	1	4·74	1·02	67
Heage	3,678	5	...	1·35	...	5
Heanor	20,918	178	1	8·50	·56	25
Ilkeston (Boro')	30,859	127	...	4·11	...	97
Long Eaton	17,460	131	3	7·50	2·29	42
Matlock	5,950	5	...	·84	...	3
Matlock Bath	1,593	...	...	...	...	...
New Mills...	8,288	3	...	·36	...	2
North Darley	3,011	2	...	·66	...	...
Ripley	12,661	97	...	7·60	...	60
South Darley	742	...	...	...	...	...
Swadlincote	18,975	33	1	1·73	3·03	...
Whittington & Newbold	17,834	92	...	5·15	...	35
Wirksworth	3,657	6	...	1·61	...	5
Urban Districts ...	284,948	1,278	8	4·48	·62	657

RURAL DISTRICTS.	Estimated Population 1915.	Cases.	Deaths.	Case rate per 1,000 of Population.	Case mortality per cent.	Cases removed to Hospital.
Ashbourne	10,318	17	...	1·64	...	1
Bakewell	19,380	29	...	1·49	...	11
Basford	1,440	7	...	4·86	...	2
Belper	25,451	144	3	5·65	2·08	86
Blackwell	39,540	222	3	5·61	1·35	160
Chapel-en-le-Frith ...	15,383	114	...	7·41	...	88
Chesterfield	71,888	576	5	8·01	·86	385
Clowne	17,507	99	1	5·65	1·01	34
Glossop Dale	3,801	5	...	1·31	...	...
Hartshorne & Seals ...	8,113	32	...	3·94	...	14
Hayfield	4,054	3	...	·74	...	...
Norton	4,228	4	...	·94	...	2
Repton	14,453	100	1	6·91	1·00	84
Shardlow	30,959	143	2	4·61	1·39	76
Sudbury	2,527	6	...	2·37	...	1
Rural Districts ...	269,042	1,501	15	5·57	·99	944
Urban Districts ...	284,948	1,278	8	4·48	·62	657
Whole County...	553,990	2,779	23	5·01	·82	1,601

ENTERIC OR TYPHOID FEVER.

Year.	Cases.	Case Mortality per cent.	Death Rate per 1,000 pop.	Case rate per 1,0C0 of population.
1900	678	14·8	·203	1·36
1901	495	15·5	·16	·98
1902	262	17·5	·09	·52
1903	340	10·5	·07	·67
1904	352	15·0	·11	·68
1905	263	17·11	·09	·50
1906	333	15·0	·09	·62
1907	194	18·56	·07	·35
1908	238	15·55	·07	·43
1909	157	15·27	·05	·27
1910	143	12·59	·03	·25
1911	189	15·34	·05	·33
1912	116	21·55	·04	·20
1913	120	20·83	·04	·21
1914	59	13·56	·05	·10
1915	88	22·7	·03	·16

There was a slight increase in Enteric Fever during 1915, 88 cases being notified, as against 59 in the previous year, while the deaths number 20 as against 8 recorded in 1914. 22·7% of the patients attacked died. The case rate per 1,000 population was ·16 as against ·1, the minimum we reached in 1914. In view of the war, that we have not had an enormous increase in Enteric Fever is due to the efficient sanitary administration in the Army. The local Medical Officer of Health is immediately informed of each suspected case returning from the Front, and if the case proves to be one of Enteric Fever arrangements are made for its immediate isolation.

TABLE V.—**ENTERIC FEVER.**

URBAN DISTRICTS.	Estimated Population 1915.	Cases.	Deaths.	Case rate per 1,000 of Population.	Case mortality per cent.	Cases removed to Hospital.	Bacteriological Examinations made
Alfreton	19,431	...	2	...	100·00	...	...
Alvaston & Boulton ...	1,529	...	...	...	...	...	...
Ashbourne	3,888	1	...	·25	...	1	5
Bakewell	2,837	...	...	...	...	...	1
Baslow	798	...	...	...	...	...	...
Belper	11,756	4	...	·34	...	...	3
Bolsover	11,088	1	...	·09	...	...	7
Bonsall	1,214	...	...	...	...	...	2
Brampton & Walton ...	2,287	...	...	...	...	...	1
Buxton	9,590	4	1	·41	25·00	4	5
Chesterfield (Boro') ...	37,653	5	1	·13	20·00	3	8
Clay Cross	8,108	...	...	...	...	...	...
Dronfield	4,179	1	1	·23	100·00	1	1
Fairfield	4,299	3	...	·69	...	3	5
Glossop (Boro')	20,665	4	...	·19	...	...	...
Heage	3,678	1	...	·27	...	1	...
Heanor	20,918	3	...	·14	...	2	1
Ilkeston (Boro')	30,859	11	4	·35	36·36	8	2
Long Eaton	17,460	...	...	...	...	...	3
Matlock	5,950	...	...	...	...	...	1
Matlock Bath	1,593	...	...	...	...	...	...
New Mills...	8,288	2	...	·24	...	2	1
North Darley	3,011	...	...	...	...	...	2
Ripley	12,661	1	1	·07	100·00	1	...
South Darley	742	...	...	...	...	...	...
Swadlincote	18,975	3	...	·17	...	...	2
Whittington & Newbold	17,834	2	...	·11	...	2	11
Wirksworth	3,657	...	...	...	...	...	...
Urban Districts ...	284,948	46	10	·16	21·70	28	61

RURAL DISTRICTS.	Estimated Population 1915.	Cases.	Deaths.	Case rate per 1,000 of Population.	Case mortality per cent.	Cases removed to Hospital.	Bacteriological Examinations made
Ashbourne	10,318	4	...	·38	...	4	6
Bakewell	19,380	11	3	·56	27·27	1	35
Basford	1,440	...	...	...	...	...	...
Belper	25,451	2	1	·78	50·00	...	3
Blackwell	39,540	8	1	·20	12·50	8	3
Chapel-en-le-Frith ...	15,383	5	2	·31	40·00	4	13
Chesterfield	71,888	3	...	·04	...	2	9
Clowne	17,507	...	...	...	...	...	5
Glossop Dale	3,801	2	...	·52	...	...	...
Hartshorne & Seals ...	8,113	1	...	·12	...	...	1
Hayfield	4,054	...	...	...	...	...	...
Norton	4,228	1	...	·23	...	1	...
Repton	14,453	...	1	...	100·00	...	...
Shardlow	30,959	1	1	·03	100·00	...	3
Sudbury	2,527	4	1	1·58	25·00	1	3
Rural Districts ...	269,042	42	10	·15	23·80	21	81
Urban Districts ...	284,948	46	10	·16	21·7	28	61
Whole County ...	553,990	88	20	·158	22·7	49	142

DIPHTHERIA AND MEMBRANOUS CROUP.

Year.	Cases.	Deaths.	Case Mortality per cent.	Derbyshire. Death Rate per 1,000.	England and Wales. Death Rate per 1,000.
1895	219	97	30·4	·21	·25
1896	331	75	22·2	·16	·29
1897	211	52	24·6	·10	·24
1898	233	64	27·4	·13	·24
1899	368	82	22·2	·16	·29
1900	450	70	15·5	·16	·43
1901	348	98	28·1	·21	·27
1902	451	101	22·3	·20	·26
1903	583	88	15·1	·18	·18
1904	552	66	11·9	·13	·17
1905	682	77	11·29	·15	·16
1906	903	87	9·63	·17	·17
1907	791	79	9·98	·15	·16
1908	811	91	11·22	·17	·15
1909	869	95	10·93	·17	·11
1910	616	56	9·09	·11	·12
1911	930	118	12·65	·21	·13
1912	644	49	7·6	·08	·11
1913	894	84	9·39	·14	·12
1914	1,265	104	8·22	·17	·15
1915	983	114	11·5	·20	·15

Again there was an increase in the deaths from Diphtheria, and the death-rate per 1,000 rose to 0·2. I have for several years past pointed out that the high death-rate from Diphtheria in Derbyshire can only be put down to the fact that Diphtheria antitoxin is not promptly administered. This is especially the case in the Rural Districts. There was 53 deaths in 534 cases in the Urban Districts, while in the Rural Districts 61 out of 449 died. The case mortality in the Rural Districts was 13·6, while there is no reason why the mortality should not be reduced to 5 or 6% if antitoxin is injected immediately the case is suspected. As I have previously pointed out, it is not desirable to wait until the result of the bacteriological examination is known before Diphtheria antitoxin is injected. There are many reasons why a bacteriological examination may give a negative result, even though the case is one of true Diphtheria. The chief use of bacteriological examination is to discover cases which would otherwise be overlooked.

An excellent example of the value of bacteriological examination is given in Dr. Fentem's report on the Bakewell Rural District. A boy, aged 11, was notified as suffering from Diphtheria at Bradwell in January. He had been sleeping in the same room with a boy aged 13 who had returned from school at Worksop. When the younger boy sickened, the elder boy was sent away to Gorton, in Manchester. On January 11th, the younger brother died and the circumstances were reported to Gorton, and it was found that the elder boy was carrying diphtheria germs and had infected the children in the house at Gorton. A similar occurrence took place at Winster. The School Medical Officer at his inspection noticed a boy with a suspicious nasal discharge. A swab was sent to the Laboratory, which revealed the presence of diphtheria bacilli. The boy lived at an isolated farmhouse at Bonsall Moor. Dr. Fentem followed the matter up and found that two boys from Aston-on-Mersey had been to the house at Bonsall Moor, and on communicating with the Medical Officer of Health of Aston-on-Mersey he found that they had suffered from Diphtheria. Both these instances shew the value of bacteriological examinations and also the necessity for children not being discharged as free from Diphtheria until the bacteriological examination has proved that their discharges do not contain diphtheria bacilli.

There can be no doubt that improvements could be made in the method of distribution of Diphtheria antitoxin for use amongst practitioners. If you take the Borough of Chesterfield, for instance, where there is a whole-time Medical Officer of Health and arrangements have been perfected for the immediate supply of antitoxin, the case mortality is 3·7%. In Glossop it was 33·0, while in the Chapel-en-le-Frith district is was 30, and the Belper Rural District 26. The best arrangement that can be made is for antitoxin to be supplied by the District Councils and stored by the various doctors, who should have the supply renewed periodically. The fact that we frequently receive telegrams at this office asking us to send Diphtheria antitoxin shows that satisfactory arrangements for supplying it are not generally made.

As an instance of the advantage of the prompt use of antitoxin, I cannot do better than quote the Hartshorn & Seals district. Dr. Logan reports that in 28 out of 30 cases notified, antitoxin was promptly injected, and on this account it was not necessary to remove many of the cases to the Isolation Hospital, and only one case proved fatal, giving a case mortality of 3·3 per cent.

In one of the reports I read that antitoxin was given by the mouth. While Diphtheria is played with in this manner we shall still have our unenviable position. It is courting manslaughter not to administer diphtheria antitoxin in the earliest stage of the disease.

TABLE VI.

DIPHTHERIA AND MEMBRANOUS CROUP.

URBAN DISTRICTS.	Estimated Population 1915.	Cases.	Deaths.	Case rate per 1,000 of Population.	Case mortality per cent.	Cases removed to Hospital.	Bacteriological Examinations made.
Alfreton	19,431	42	6	2·16	14·28	8	9
Alvaston & Boulton	1,529	2	...	1·30	...	...	10
Ashbourne	3,888	...	...	...	...	...	3
Bakewell	2,837	1	1	·35	100·00	...	3
Baslow	798	10	1	12·53	10·00	...	35
Belper	11,756	45	9	3·82	20·00	21	97
Bolsover	11,088	35	2	3·15	5·71	1	35
Bonsall	1,214	1	...	·82	...	...	1
Brampton & Walton	2,287	2	...	·87	...	1	6
Buxton	9,590	...	...	...	...	...	11
Chesterfield (Boro')	37,653	81	3	2·15	3·70	27	367
Clay Cross	8,108	6	...	·74	...	2	11
Dronfield	4,179	15	2	3·58	13·33	1	14
Fairfield	4,299	...	...	...	...	...	4
Glossop (Boro')	20,665	9	3	·43	33·33	...	10
Heage	3,678	4	...	1·08	...	1	6
Heanor	20,918	35	2	1·67	5·71	...	...
Ilkeston (Boro')	30,859	72	4	2·33	5·55	56	158
Long Eaton	17,460	35	3	2·00	8·57	15	118
Matlock	5,950	17	3	2.85	17·65	...	11
Matlock Bath	1,593	8	...	5·02	...	...	16
New Mills	8.288	10	...	1·20	...	5	36
North Darley	3,011	1	...	·33	...	...	1
Ripley	12,661	13	3	1·02	23·08	1	3
South Darley	742	...	...	...	..	...	...
Swadlincote	1,8975	50	6	2·63	12·00	...	38
Whittington & Newbold	17,834	22	4	1·23	18·18	8	48
Wirksworth	3,657	18	1	4·92	5·55	5	52
Urban Districts	284,948	534	53	1·87	10·0	152	1,103

RURAL DISTRICTS.	Estimated Population 1915.	Cases.	Deaths.	Case rate per 1.000 of Population.	Case mortality per cent.	Cases removed to Hospital.	Bacteriological Examinations made.
Ashbourne	10,318	1	...	·09	...	...	9
Bakewell	19,380	19	4	·98	21·06	..	69
Basford	1,440	3	...	2·08	...	2	...
Belper	25,451	34	9	1·33	26·47	10	33
Blackwell	39,540	80	10	2·02	12·50	35	36
Chapel-en-le-Frith	15,383	10	3	·65	30·00	4	19
Chesterfield	71,888	107	13	1·48	12·15	26	109
Clowne	17,507	82	12	4·68	14·63	28	42
Glossop Dale	3,801	1	...	·26	...	...	...
Hartshorne & Seals	8,113	30	1	3·69	3·33	...	10
Hayfield	4,054	6	...	1·48	...	4	25
Norton	4,228	13	2	3·07	15·38	4	...
Repton	14,453	16	3	1·10	18·75	12	34
Shardlow	30,959	46	3	1·48	6·52	35	72
Sudbury	2,527	1	1	·39	100·00	...	...
Rural Districts	269,042	449	61	1·66	13·58	160	458
Urban Districts	284,948	534	53	1·87	10·0	152	1,103
Whole County	553,990	983	114	1·77	11·5	312	1,561

PUERPERAL FEVER.

Year.	Cases.	Deaths.	Case Rate per 1,000 Births.	Case Mortality. per cent.
1900	36	18	2.24	50.0
1901	50	28	3.02	56.0
1902	42	17	2.59	40.4
1903	42	23	2.56	54.76
1904	43	18	2.64	40.5
1905	34	11	2.13	32.35
1906	50	21	3.22	41.99
1907	26	11	1.64	42.30
1908	44	23	2.58	52.27
1909	61	16	3.77	26.23
1910	47	17	2·94	36·16
1911	37	11	2·39	29·73
1912	37	14	2·54	37·84
1913	31	16	2·10	51·61
1914	43	17	2·89	39 53
1915	46	17	3·33	37 00

The death-rate from Puerperal Fever per 1,000 births for England and for Derbyshire has fallen gradually. The Midwives Act came into force in 1903.

	England.	Derbyshire.
1881—1890 ...	2·56 ...	—
1891—1900 ...	2·2 ...	1·63
1901—1910 ...	1·7 ...	1·16
1911—1914 ...	1·4 ...	·99
1915	— ...	1·23

For some reason it appears that in Derbyshire the chances of a woman dying in childbirth are more than twice as high if she lives in an Urban District than if she lives in a Rural Area.

In the Rural Districts there were 5 deaths from Puerperal Fever and 11 women died from accidents due to pregnancy and parturition, while in the Urban Districts there were 12 deaths from Puerperal Fever and 30 women died from accidents due to pregnancy or parturition. Working this out per 1,000 births, the death-rate in the Rural Districts was ·59 and in the Urban Districts 1·47.

The number of cases of Puerperal Fever notified was 46. These occurred while birth was being given to 13,791 children. Some of these cases would be twins, so that I cannot give the exact number of confinements—at any rate, it was not exceeding 13,791. Of this number 10,514 were cases attended by midwives. Their rate works out at 2·1 per 1,000 births, while the rate for the cases for which the midwives were not engaged works out at 7·3 per 1,000.

In previous years I have noted the same fact, and it has been suggested that the high rate of Puerperal Fever in the practice of medical men is due to unqualified women starting to attend cases and then calling in a medical man when they had infected the case. It should, however, be borne in mind that there is a great reluctance to notify cases of Puerperal Fever. Reference to Table VII. shows that in Ilkeston, for instance, there were two deaths from Puerperal Fever but only one case was notified; the same applies to some other districts, while in three districts the deaths were as numerous as the cases notified.

This is an important matter which has not yet received the attention of any County Council. There can be no doubt that the less a midwife or a medical man engaged in midwifery has to do with septic surgical cases such as abscesses, discharging sores and cancers, erysipelas and bed sores, the better for the lying-in woman.

I am fortunate in having as colleagues at the present time two experienced practitioners—Dr. Nicholson and Dr. Ward. They both agree with me in my contention. Dr. Ward has gone through the records of Puerperal Fever, and writes:—

"I have examined the sheets relating to Puerperal Fever, which seem to me to be in order, and would call your attention to the case of Mrs. ————, attended by Nurse ————, who was at the same time looking after cases such as septic leg, a burn, two ulcers of leg, one abscess of neck, one septic arm, and one discharging growth in ear. Surely it is useless to try to prevent Puerperal Fever as long as midwives are allowed to attend to cases of this kind. After over 40 years of practice, including two years at the Women's Hospital, Birmingham, after I was 50 years of age, I have come to the conclusion that if midwifery is to be treated seriously, it should be attended by doctors and nurses who do not come in contact with contagious or infectious diseases."

Those part-time colleagues engaged in practice whom I have consulted are of the same opinion. One Medical Officer writes:—

"A nurse attending to wounds and cancerous sores, whatever may be her knowledge and ability and however much she may use disinfectants, must always be haunted with fear that she may be carrying death to a lying-in woman; and whatever precautions are taken I cannot conceive that accidents will not happen by combining attention to sores and wounds with midwifery. . . . . Nursing and midwifery should be separate."

Many practitioners have pointed out to me that the value of a district nurse is much less if she has to do midwifery, as it is then impossible for her to perform many of the routine duties which a district nurse should perform. I got out the figures for the last four years of the incidence of Puerperal Fever among trained midwives who only did midwifery and district nurses who also acted as midwives, and found the following:—

	Cases attended.	Cases of Puerperal Fever.	Case rate per 1,000 births.
Trained midwives	10,927	16	1·4
District nurses	3,785	19	5·0

It was suggested that doctors' cases should be eliminated. If this were done in each group of midwives, I anticipated the two would cancel and the equation remain the same. Below doctors' cases have been excluded, and I find the result is as I anticipated.

Excluding cases where doctor was called in at confinement.

	Cases attended.	Cases of Puerperal Fever.	Case rate per 1,000 births.
Trained midwives	10,927	9	·8
District nurses	3,785	11	2·9

I do not suggest that these figures do more than confirm the idea that I started with and make a case for investigation. Until that investigation is completed I think we may continue to give grants for the training of midwives, both to women who will practice midwifery alone as a profession and to district nurses who are fully trained. Any Government grant for midwifery that is given to the one class of midwife should also be available for the other.

In the urban districts there is plenty of work for women to practice midwifery as an independent profession. Where, however, there are already district nurses doing midwifery, the best plan is that which has been adopted at Ripley and at Heanor, for the one woman to do midwifery and the other nursing, taking over any septic cases which arise in the midwifery practice.

Looking forward to the future, the eventual solution of the difficulty of providing an adequate midwifery service will take the form of small lying-in hospitals at various centres to which women can go for their confinements. Already one such institution has been provided at Ripley by Mrs. Leslie Wright, and is much appreciated by the women of the district.

Owing to the falling birth-rate everything practicable must be done for those who are adding to the "man power" of the nation.

TABLE VII.

PUERPERAL FEVER AND ERYSIPELAS.

URBAN DISTRICTS.	Estimated Population 1915.	Cases.		Deaths.		Case rate per 1,000 of Population.		Case mortality per cent.	
		Puerperal.	Erysipelas	Puerperal.	Erysipelas	Puerperal.	Erysipelas	Puerperal.	Erysipelas
Alfreton	19,431	4	9	2	...	·20	·46	50·00	...
Alvaston & Boulton ...	1,529	...	...	...	...	...	...	...	...
Ashbourne	3,888	...	1	...	...	...	·25	...	...
Bakewell	2,837	...	1	...	...	...	·35	...	...
Baslow	798	...	...	...	...	...	...	...	...
Belper	11,756	2	8	2	2	·17	·68	100 00	25·00
Bolsover	11,088	3	14	2	...	·27	1·26	66·66	...
Bonsall	1,214	...	1	...	...	...	·82	...	...
Brampton & Walton...	2,287	...	...	...	...	...	...	...	...
Buxton	9,590	...	5	...	...	...	·52	...	...
Chesterfield (Boro') ...	37,653	3	21	1	...	·08	·55	33·33	...
Clay Cross	8,108	...	5	...	...	...	·61	...	...
Dronfield	4,179	..	1	...	...	...	·23	...	...
Fairfield	4,299	...	...	...	...	...	...	...	...
Glossop (Boro') ...	20,665	3	11	...	...	·14	·53	...	...
Heage	3,678	...	2	...	...	...	·54	...	...
Heanor	20,918	1	13	...	1	·04	·62	...	7·69
Ilkeston (Boro') ...	30,859	1	6	2	...	·03	·19	100 00	...
Long Eaton	17,460	2	10	1	...	·11	·57	50·00	...
Matlock	5,950	...	3	...	...	...	·50	...	...
Matlock Bath	1,593	...	...	...	...	...	...	...	...
New Mills	8,288	...	8	...	...	...	·96	...	...
North Darley	3,011	...	2	...	...	...	·66	...	...
Ripley	12,661	...	5	...	...	...	·39	...	...
South Darley	742	...	...	...	...	...	...	...	...
Swadlincote	18,975	2	21	...	...	·10	1·10	...	...
Whittington & Newbold	17,834	3	16	...	...	·16	·89	...	...
Wirksworth	3,657	4	...	2	...	1·09	...	50.00	...
Urban Districts	284,948	28	163	12	3	·09	·57	42·8	1·84

RURAL DISTRICTS	Estimated Population 1915.	Cases.		Deaths.		Case rate per 1,000 of Population.		Case mortalit per cent.	
		Puerperal.	Erysipelas	Puerperal.	Erysipelas	Puerperal	Erysipelas	Puerperal.	Erysipelas
Ashbourne	10,318	...	9	...	...	...	·87	...	...
Bakewell	19,380	...	4	...	1	...	·20	...	25·00
Basford	1,440	...	1	...	...	...	·69	...	...
Belper	25,451	1	7	...	...	·04	·27	...	...
Blackwell	39,540	5	23	2	...	·12	·58	40·00	...
Chapel-en-le-frith ...	15,383	...	6	...	...	...	·39	...	...
Chesterfield	71,888	8	43	2	2	·11	·59	25·00	4·65
Clowne	17,507	...	16	...	...	...	·91	...	...
Glossop Dale	3,801	...	2	...	...	...	·52	...	...
Hartshorne & Seals ...	8,113	3	9	...	...	·36	1·10	...	...
Hayfield	4,054	...	2	...	...	...	·49	...	...
Norton	4,228	...	3	...	...	...	·70	...	...
Repton	14,453	...	3	...	...	...	·20	...	...
Shardlow	30,959	1	33	1	3	·03	1·06	100·00	9·09
Sudbury	2,527	...	...	...	...	...	...	...	...
Rural Districts	269,042	18	161	5	6	·06	·59	27·77	3·72
Urban Districts	284,948	28	163	12	3	·09	·57	42·8	1·84
Whole County	553,990	46	324	17	9	·08	·58	37·0	2·78

MEASLES.

Year.	Urban.		Rural.		Whole County.	
	Deaths.	Rates.	Deaths.	Rates.	Deaths.	Rates
1900	102	.41	86	.34	188	.378
1901	36	.14	57	.24	93	.19
1902	98	.38	45	.18	143	.29
1903	80	.31	50	.20	130	.26
1904	50	.19	56	.22	106	.21
1905	83	.31	60	.24	143	.28
1906	37	.13	18	.07	55	.10
1907	89	.32	110	.42	199	.38
1908	66	.23	28	.10	94	.17
1909	116	.41	105	.39	221	·41
1910	87	.30	101	·37	188	34
1911	114	·39	47	·17	161	·28
1912	75	·25	75	·27	150	26
1913	92	·31	100	·35	192	33
1914	79	·26	80	·28	159	·27
1915	162	·56	97	·36	259	·46

Out of the total deaths from all Zymotic Diseases, 259 were from Measles. Of these 162 occurred in Urban Districts and 97 in Rural Districts. 236 of the deaths from Measles were of children under 5 years of age. It must be borne in mind that Measles is frequently the starting point of Tuberculosis. The children suffering from Measles are extremely liable to Bronchitis and Pneumonia and are then in a most susceptible condition to infection by tubercle, so that the 259 deaths is not the final indication of the injury to public health caused by Measles. The number of deaths registered only shows the complete wrecks. For every child who dies, there are three or four others who remain delicate from childhood and either succumb in early life from tubercle or are cripples for life, a constant drag upon the ratepayers. The Local Government Board have recently made Measles compulsorily notifiable. If any good is to come of this every case should be visited to see that it is nursed under hygienic conditions in a room which is well ventilated, has the carpets up, and is free from dirt. Every case should be visited by a nurse who will shew the mother how to keep the mouth, eyes, nose, and ears aseptic. It would not be possible for the County Health Visitors to undertake the nursing of cases of Measles, and I have circularised all the Medical Officers in the County suggesting that they should advise their District Councils to enter into an arrangement with the County Nursing Association under which the Association would provide certain nurses who could be drafted to those districts in which there were epidemics of Measles to carry out the work outlined above. I understand this matter is receiving consideration, and up to the present time the Chesterfield Corporation have agreed to make a grant of £100 per annum to the County Nursing Association, who will place at their disposal a trained nurse for visiting all cases of Measles, to shew the mothers how the children should be nursed and kept free from septic conditions. I hope that next year I shall be able to report that other District Councils have followed this example, and that the scheme for the employment of district nurses for looking after Measles is general throughout the County.

CANCER.

Death Rate per annum from Cancer in England and Wales and in Derbyshire for fifteen years 1901-1915.

Year.	*England and Wales.*	*Derbyshire.*
1901	·84	·624
1902	·84	·622
1903	·86	·651
1904	·87	·664
1905	·88	·659
1906	·91	·687
1907	·90	·685
1908	·91	711
1909	·95	·716
1910	·96	660
1911	99	·730
1912	1·10	728
1913	·98	·822
1914	·98	·872
1915	...	·830

WHOOPING COUGH.

Year.	Urban.		Rural.		Whole County.	
	Deaths.	Rates.	Deaths.	Rates.	Deaths.	Rates.
1900	65	.26	63	.25	128	.257
1901	67	.26	89	.38	156	.32
1902	77	.30	39	.16	116	.23
1903	68	.26	94	.38	162	.32
1904	88	.33	65	.26	153	.30
1905	47	.17	47	.18	94	.18
1906	72	.26	52	.20	124	.24
1907	64	.23	71	.27	135	.25
1908	64	.22	48	.18	112	.21
1909	35	.12	35	.13	70	.12
1910	59	·20	85	.31	144	.26
1911	39	·13	51	·18	90	·16
1912	80	·27	59	·21	139	·24
1913	51	·17	34	·12	85	·15
1914	77	·25	82	·29	159	·27
1915	43	·15	17	·06	60	·11

ERYSIPELAS.

Year.	Urban Case Rate per 1,000.	Rural Case Rate per 1,000	Whole County.		
			Cases.	Case Rate per 1,000.	Case Mortality per cent.
1900	.95	.87	454	.91	3.7
1901	.93	.88	442	.91	3.4
1902	.97	.84	451	.91	4.2
1903	.81	.80	402	.80	3.23
1904	.87	.76	417	.82	2.62
1905	1.03	.81	475	.92	3.57
1906	1.04	.91	510	.98	2.94
1907	.98	.77	467	.88	2.56
1908	.79	.78	425	.79	2.58
1909	.77	.47	342	.62	4.09
1910	.73	.66	388	.70	1·28
1911	·67	·64	369	·65	1·62
1912	·52	·53	300	·52	4·00
1913	·69	·50	346	·60	3·46
1914	·68	·48	342	·58	2·63
1915	·57	·59	324	·58	2·78

STATISTICAL INFORMATION RELATING TO ISOLATION HOSPITAL COMMITTEES APPLYING FOR A GRANT.

Year ending March 31st, 1915.

TABLE IX.

Name of Hospital.	Belper.	Chesterfield. (Penmore).	Dronfield.	Mastin Moor.	Morton.	Langwith.	High Peak.	Shardlow.	Repton.	Ilkeston.
Total Number of Beds in Hospital	52	40	26	27	32	30	22	33	30	12
Number for purpose of Grant (bed space 2,000 c. ft.)	18	28·9	78·2				16	18	9·9	10
Population of Hospital District	76,634	57,774	156,538				32,024	49,948	19,818	30,859
Cases Admitted during year ending March 31st, 1915 :—										
Scarlet Fever	276	142	207	145	186	233	70	131	47	45
Diphtheria	68	56	...	45	38	25	26	69	14	47
Typhoid Fever	7	2	1	...	4	5	6	...	6	2
Other Diseases	2*	2†	...	...	...	...	...	...	...	31‡
TOTAL	353	202	208	190	228	263	102	200	67	125
Average number of patients in Hospital each day	33	25	23	18·3	23·6	23·4	14	23·9	7	8·65
Permanent Staff residing in Hospital	13	14	12	13	14	14	10	10	6	5
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Maintenance of Staff at 7/6 per head per week	214 10 0	273 0 0	234 0 0	253 10 0	273 0 0	273 0 0	250 4 8	135 1 6	103 1 5	97 10 0
Furniture, Coal, Uniforms, and Ordinary Repairs ...	531 14 4	458 9 6	263 12 6	369 5 9	378 4 5	386 0 0	327 19 0	349 15 8	152 14 0	136 11 10
Salaries	596 8 1	609 1 4	347 5 3	403 7 11	418 9 6	373 0 11	522 1 0	438 3 7	276 19 11	247 15 7
Rent, Rates, Office Expenses, etc.	176 8 5	169 9 8	114 1 8	111 19 6½	85 17 7	108 6 8	146 14 8	100 19 0	86 11 11	57 15 4
Establishment Expenses	**1,519 0 10**	**1,510 0 6**	**958 19 5**	**1,138 3 2½**	**1,155 11 6**	**1,140 7 7**	**1,246 19 4**	**1 023 19 9**	**619 7 3**	**539 12 9**
Structural Expenses (including Repayment of Interest on Loan)...	**401 9 2**	**576 16 6**	**400 1 4**	**558 1 4**	**400 1 3**	**615 3 11**	**986 15 6**	**567 6 6**	**432 14 4**	**43 4 2**
Patients' Expenses	**516 2 11**	**243 16 6**	**207 14 8½**	**179 19 5½**	**234 9 5**	**274 15 1**	**254 15 8**	**285 19 4**	**105 9 5**	**180 9 9**
TOTAL COST	**2,436 12 11**	**2,320 13 6**	**1,566 15 5½**	**1,876 4 0**	**1,790 2 2**	**2,030 6 7**	**2,488 10 6**	**1,877 5 7**	**1,157 11 0**	**763 6 8**
PATIENTS' EXPENSES—PER PATIENT	**1 9 3**	**1 4 2**	**1 0 0**	**0 18 11**	**1 0 7**	**1 0 11**	**2 9 11**	**1 8 7**	**1 11 6**	**1 8 10**
,, ,, *PER HEAD PER DAY* (*in pence*)	**10·2d.**	**6·4d.**	**5·9d.**	**6·4d.**	**6·5d.**	**7·7d.**	**11·9d.**	**7·9d.**	**9·5d.**	**13·7d.**
Provisions for Patients and Staff	509 10 2	463 19 9	380 9 5½	370 7 3½	421 14 7	439 10 8	393 12 6	324 5 2	179 2 9	219 19 3
Name of Medical Superintendent	R. G. Allen	R. Fraser	H. Peck	H. Peck	H. Peck	H. Peck	N. Kennedy	J. A. Hunt	P. D. Minchin	J. J. Tobin
Name of Clerk	J. Pym	W. E. Wakerley	W. E. Wakerley	W. E. Wakerley	W. E. Wakerley	W. E. Wakerley	J. B. Boycott	J. W. Newbold	C. F. Chamberlin	W. C. Coxall
Grant due in accordance with Report of Council, April 17th, 1907.	200 0 0	305 2 0	802 0 0				178 0 0	200 0 0	116 2 0	98 13 0

* Cerebro Spinal Fever. † 1 Measles, 1 Erysipelas. ‡ 30 Tuberculosis, 1 Ophthalmia.

March 8th, 1916.

SIDNEY BARWISE.

Total Expenditure on Derbyshire Isolation Hospitals = £18,307 8s. 4½d.

Total Grants (including £20 for Haddon Joint Hospital Committee) = £1,919 17s. 0d.

ISOLATION HOSPITALS.

The following table gives the population of each hospital district, the number of cases isolated, and the total patients' expenses.

TABLE VIII.

Hospital Committee.	Population.	No. of cases isolated.	Total patients' expenses.			Total Expenditure.		
			£	s.	d.	£	s.	d.
Belper	76,634	353	516	2	11	2436	12	11
Chesterfield	57,774	202	243	16	6	2320	13	6
North Derbyshire—								
Dronfield Hospital	156,538	208	207	14	8½	1566	15	5½
Mastin Moor ,,		190	179	19	5½	1876	4	0
Morton ,,		228	234	9	5	1790	2	2
Langwith ,,		263	274	15	1	2030	6	7
High Peak	32,024	102	254	15	8	2488	10	6
Shardlow	49,948	200	285	19	4	1877	5	7
Repton	19,818	67	105	9	5	1157	11	0
Ilkeston	30,859	125	180	9	9	763	6	8
	423,595	1,938	2,483	12	3	18307	8	4½

In addition to the above, 37 cases of Scarlet Fever and 4 of Enteric Fever were isolated at the Buxton Isolation Hospital, so that the total number of cases isolated during the year was 1,979.

The number of cases of Scarlet Fever isolated was 1,541 out of a total of 2,779 cases notified. In view of the mildness of this disease now prevalent, discretion should be exercised in the selection of cases to be sent to the Isolation Hospitals. In this connection I call attention to the following paragraph taken from the report of Dr. Fraser, Medical Officer of Health for Chesterfield:—

> " Mild ' clean ' cases were only detained in hospital for a period of five weeks; every endeavour being made to have the child ready for discharge on the 35th day of illness. Experience has shewn that the longer a case is detained in hospital the greater the chance of giving rise to a return case.
>
> The hospital return cases, that is, cases infected by patients discharged from Penmore numbered 3, or 2·5%.
>
> The 82 cases of Scarlet Fever admitted from the Borough were *selected* from among the 126 notified on the ground that isolation could not be found at home, that is to say, the 44 cases isolated at home occurred in larger houses where the proportion of persons per bedroom was smaller than in the 82 cases removed to hospital.
>
> The figures below bring out this point:—

	Average No. of Bedrooms.	Average No. of Persons per House.	Average No. of Persons per Bedroom.
Home cases	3·05	5·75	1·82
Hospital cases	2·6	6·57	2·53 "

The total number of deaths from Scarlet Fever was only 23, while the deaths from Diphtheria numbered 114, and from Measles 259.

Details of the expenditure on provisions, salary, and up-keep are given in Table IX., and will well repay careful investigation. If the Table is found useful further details may be given in future years. Table X. gives the number of cases of Infectious Disease notified in each hospital area and the number removed to hospital.

Chesterfield Joint Hospital.—During the year considerable extension was made to the Chesterfield Joint Hospital, where a new pavilion of 20 beds has been erected—quite one of the best pavilions which has yet been provided. A new feature for this County has been made in the Austral window and the wide verandah, which will enable septic cases to be isolated there if necessary. The administrative block has been enlarged so that a staff of nurses can be housed to be sent to other Isolation Hospitals in epidemic times when extra staff is required.

North Derbyshire Joint Hospitals.—Plans had been provided for extensions to the North Derbyshire hospitals, but owing to the war the extensions have been postponed.

HADDON JOINT HOSPITAL COMMITTEE.

The House of Lords has given a most important decision in favour of the attitude the County Council have taken, that when a Hospital Committee has been constituted, if it fails to carry out its duty the County Council shall have power to alter the regulations relating to the election of members of that Committee. The case eventually came before the highest Court, namely, the House of Lords, where it was heard by four learned Lords, all of whom gave judgment in favour of the County Council.

In 1897, the Haddon Hospital Committee was formed by the County Council, after holding a local Inquiry. The Authorities united are those within the Bakewell Union and Bonsall, within the Ashbourne Union. The Bonsall District Council appealed to the Local Government Board against being included, but the Board dismissed the appeal. The Hospital Committee had plans prepared for a hospital which would have cost £10,000.

In 1899, they wrote to the Public Health Committee proposing that they should erect a number of small hospitals instead of one large one. This I reported as inadvisable, and the matter was referred to the Local Government Board for their opinion and advice; as a result, in July, 1899, I attended with a deputation of the Hospital Committee, on the Local Government Board. A compromise was then agreed upon, and it was arranged that there should be two small hospitals, one in the north, to be also used for Smallpox, and one in the neighbourhood of Bakewell for diseases other than Smallpox, this latter hospital to be capable of extension.

In 1900, a site (No. 1) was offered on the Duke of Rutland's estate, and approved by me. Later in the year the offer was withdrawn, and three others were submitted consecutively, all of which were suitable, but none was purchased. In September a site for the Smallpox Hospital was selected, and plans were prepared, which I approved.

In June, 1901, the County Council made application to the Local Government Board, at the request of the Hospital Committee, for their sanction to a loan in respect of a site (No. 5), but before the Board held the Inquiry the Hospital Committee abandoned the scheme. Your Committee then pressed them to proceed in accordance with the Council's Order.

In June, 1902, a communication was received from the Hospital Committee asking for an extension of time. This was granted on the condition that a Smallpox Hospital be erected without delay, and that the agreement arrived at with the Local Government Board in July, 1899, be adhered to. In September, 1902, the Hospital Committee asked that the Workhouse Infirmary be transferred to them as a Fever Hospital, and in January, 1903, the Local Government Board refused to sanction this.

In March, 1903, I approved of two fresh alternative sites (No. 6 and No. 7) in the hope that one would be selected and a start made to erect a hospital; but, owing to local opposition, both were dropped. In September, the Hospital Committee wrote to the Public Health Committee that they had decided to erect *three* hospitals instead of two, one of which was to have sixteen beds. In December, I was requested to examine another site (No. 8) and approved of it.

In March, 1904, I reported that I had been through the plans, and had recommended their curtailment. The Hospital Committee decided to rent six beds for Scarlet Fever from the Whitworth Hospital. In September, the County Council, at the request of the Hospital Committee, applied to the Local Government Board for their sanction to the raising of a loan of £5,500 for a hospital to be erected on site (No. 8).

In June, 1905, I accompanied a deputation from the Haddon Hospital Committee to the Local Government Board to settle details of the plans. On October 11th, the Local Government Board held their Inquiry. This was adjourned on the ground that all opposition would be met if an alternative site (No. 9) were adopted. On December 7th the adjourned Inquiry was held on the site (No. 9) and the Local Government Board approved it. The application was, however, opposed by a gentleman who lived a mile away because he would be able to see the hospital, and site (No. 10) was suggested.

In May, 1906, the hospital plans were sent to the Local Government Board by the Public Health Committee. In June, the Hospital Committee again asked that the Order be amended, so that each authority could provide its own hospital. A start was made to erect an iron Smallpox Hospital at Watergrove. I was now instructed to report on all the hospitals erected in the County. This caused a delay of twelve months. Having received this report the County Council decided in future to give annual grants towards the establishment expenses of isolation hospitals.

In October, 1907, a new Local Government Board Inquiry was held on site No. 10 in Edgestones Road, Ashford, the Board approved the site, and a loan was sanctioned.

In June, 1908, plans were sent in, which I considered too elaborate, and suggested their curtailment and the omission of a porter's lodge. In October the Hospital Committee wrote that they regarded the architect's estimate of £5346 as too much, and they were informed by the Public Health Committee that you would approve the expenditure of about £3,200, viz. :—

Permanent Brick and Rubble Stone Buildings.

(Loan 30 years.)

Administrative Block	£1,000
New L.G.B. Block of 4 Beds	500
Laundry, Disinfector, etc., Machinery	600
Walls, Roads, Drains, Water Supply, Sewage Purification Plant and Contingencies	600
	2,700

Temporary Structure.

(Loan 10 years.)

Iron Pavilion lined with wood, 8 Beds	500
	£3,200

The reply the Hospital Committee made to this was to ask, as they did in 1899 and again in 1906, that the various authorities might provide their own hospitals.

In July, 1909, the Public Health Committee reported to the County Council that they had instructed the Clerk to inform the Haddon Hospital Committee that unless application for the County Council to raise a loan for the erection of a hospital was made before the meeting of the Finance Committee on the 25th June, the Committee would recommend the Council to resolve that the Haddon Hospital Committee had not erected an Isolation Hospital to their satisfaction in accordance with the Haddon Hospital Order, 1897.

An attempt was then made to get the matter settled by the Local Government Board.

In January, 1910, the Public Health Committee reported that they had intimated their willingness to send representatives to confer with the Haddon Hospital Committee if that Committee would accept the decision of the Local Government Board, but the Haddon Hospital Committee had not accepted the suggestion. In the same report your Committee stated that from the reports sent in to the County Council it was clear that there was real necessity for the provision for isolation of cases of infectious disease occurring in the district.

In April, 1911, the Haddon Hospital Committee finally resolved that to provide a hospital would mean " absolute ruin and devastation to the country villages and districts," and asked the County Council to let the matter drop.

On August 14th, 1911, they again asked the Public Health Committee not to press the matter further.

The report of the Public Health Committee of July, 1909, was withdrawn on the Hospital Committee undertaking to seriously consider plans which were prepared by Mr. Copestick, on behalf of the Public Health Committee, and submitted to the Haddon Hospital Committee, but nothing was done.

1913. A new Order was issued by the County Council altering the constitution of the Hospital Committee and giving the County a majority on the Hospital Committee. The legal proceedings, which have ended in favour of the County Council, were instituted by the Baslow & Bubnell Urban District Council, who claimed that what the County Council had done was illegal and beyond their power.

The Haddon Hospital Committee was appointed solely for the purpose of providing a hospital. All the reports of the Medical Officers of Health of the District point out the necessity for a hospital especially for the isolation of cases of infectious disease occurring in the houses of those engaged in the milk trade, particularly cases of Diphtheria and Enteric Fever.

The number of cases of infectious disease occurring in the district is given in the table below:—

	1891–1907	1908	1909	1910	1911	1912	1913	1914	1915
Scarlet Fever	...111	118	106	102	62	89	312	115	39
Diphtheria	... 21	13	44	29	90	15	45	8	57
Enteric Fever	... 14	9	6	14	9	3	11	4	11

The population of the district is 37,000, and the assessable value £177,500.

The irony of the whole matter is that now the decision of the House of Lords has made the position clear, we are unable, owing to the war, to provide a hospital. Advantage, however, should be taken of the delay. The provision of the open-air military hospitals at Leicester and Cambridge and the success of the County Sanatorium at Walton, have shewn that brick structures are unnecessarily expensive.

Again, nothing has yet been done by the County Council for the provision of a Sanatorium for bone and joint cases. If a suitable site can be found for the Haddon Hospital it might be to the advantage of both Authorities that tubercular bone and joint cases should be treated on the same site, as they are in other parts of England.

TABLE X.

CASES OF INFECTIOUS DISEASES NOTIFIED WITHIN THE FOLLOWING HOSPITAL AREAS.

NORTH DERBYSHIRE HOSPITAL DISTRICT.

DISTRICT.	Estimated Population, 1915.	SMALL-POX.		SCARLET FEVER.		DIPHTHERIA.		ENTERIC FEVER.		TOTALS.	
		No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.
Bolsover U. ..	11088	—	—	123	71	35	1	1	—	159	72
Clay Cross U. ..	8108	—	—	23	17	6	2	—	—	29	19
Dronfield U. ..	4179	—	—	25	20	15	1	1	1	41	22
Blackwell R. ..	39540	—	—	222	160	80	35	8	8	310	203
Chesterfield R. ..	71888	—	—	576	385	107	26	3	2	686	413
Clown R.	17507	—	—	99	34	82	28	—	—	181	62
Norton R.	4228	—	—	4	2	13	4	1	1	18	7
Totals ..	156538	—	—	1072	689	338	97	14	12	1424	798

CHESTERFIELD HOSPITAL DISTRICT.

DISTRICT.	Estimated Population, 1915.	SMALL-POX.		SCARLET FEVER.		DIPHTHERIA.		ENTERIC FEVER.		TOTALS.	
		No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.
Brampton&Walton U.	2287	—	—	—	—	2	1	—	—	2	1
Chesterfield Boro' ..	37653	—	—	126	80	81	27	5	3	212	110
Whittington and Newbold U. ..	17834	—	—	92	35	22	8	2	2	116	45
Totals ..	57774	—	—	218	115	105	36	7	5	330	156

BELPER HOSPITAL DISTRICT.

DISTRICT.	Estimated Population, 1915.	SMALL-POX.		SCARLET FEVER.		DIPHTHERIA.		ENTERIC FEVER.		TOTALS.	
		No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.
Alfreton U. ..	19431	—	—	132	73	42	8	—	—	174	81
Belper U. ..	11756	—	—	19	11	45	21	4	—	68	32
Heage U. ..	3678	—	—	5	5	4	1	1	1	10	7
Ripley U. ..	12661	—	—	97	60	13	1	1	1	111	62
Wirksworth U. ..	3657	—	—	6	5	18	5	—	—	24	10
Belper R. ..	25451	—	—	144	86	34	10	2	—	180	96
Totals ..	76634	—	—	403	240	156	46	8	2	567	283

ILKESTON HOSPITAL DISTRICT.

DISTRICT.	Estimated Population, 1915.	SMALL-POX.		SCARLET FEVER.		DIPHTHERIA.		ENTERIC FEVER.		TOTALS.	
		No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.
Ilkeston Boro' ..	30859	—	—	127	97	72	56	11	8	210	161

SHARDLOW HOSPITAL DISTRICT.

DISTRICT.	Estimated Population, 1915.	SMALL-POX.		SCARLET FEVER.		DIPHTHERIA.		ENTERIC FEVER.		TOTALS.	
		No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.
Alvaston&Boulton U.	1529	—	—	3	1	2	—	—	—	5	1
Long Eaton U. ..	17460	—	—	131	42	35	15	—	—	166	57
Shardlow R. ..	30959	—	—	143	76	46	35	1	—	190	111
Totals ..	49948	—	—	277	119	83	50	1	—	361	169

REPTON HOSPITAL DISTRICT.

DISTRICT.	Estimated Population, 1915.	SMALL-POX. No. notified.	SMALL-POX. Removed to Hospital.	SCARLET FEVER. No. notified.	SCARLET FEVER. Removed to Hospital.	DIPHTHERIA. No. notified.	DIPHTHERIA. Removed to Hospital.	ENTERIC FEVER. No. notified.	ENTERIC FEVER. Removed to Hospital.	TOTALS. No. notified.	TOTALS. Removed to Hospital.
Ashbourne R. (certain Parishes only)	2838	—	—	7	1	—	—	2	2	9	3
Repton R. ..	14453	—	—	100	84	16	12	—	—	116	96
Sudbury R. ..	2527	—	—	6	1	1	—	4	1	11	2
Totals ..	19818	—	—	113	86	17	12	6	3	136	101

HADDON HOSPITAL DISTRICT.

Bakewell U. ..	2837	—	—	3	3	1	—	—	—	4	3
Baslow U. ..	798	—	—	—	—	10	—	—	—	10	—
Bonsall U. ..	1244	—	—	—	—	1	—	—	—	1	—
Matlock U. ..	5950	—	—	5	3	17	—	—	—	22	3
Matlock Bath U.	1593	—	—	—	—	8	—	—	—	8	—
North Darley U. ..	3011	—	—	2	—	1	—	—	—	3	—
South Darley U. ..	742	—	—	—	—	—	—	—	—	—	—
Bakewell R. ..	19380	—	—	29	11	19	—	11	1	59	12
Totals ..	35525	—	—	39	17	57	—	11	1	107	18

HIGH PEAK HOSPITAL DISTRICT.

Fairfield U. ..	4299	—	—	2	2	—	—	3	3	5	5
New Mills U. ..	8288	—	—	3	2	10	5	2	2	15	9
Chapel R.	15383	—	—	114	88	10	4	5	4	129	96
Hayfield R. ..	4054	—	—	3	—	6	4	—	—	9	4
Totals ..	32024	—	—	122	92	26	13	10	9	158	114

In addition, the Buxton Urban District Council has its own Isolation Hospital, which is not provided under the Isolation Hospitals Act. The following are the cases notified and removed to hospital in this district:—

BUXTON HOSPITAL DISTRICT.

Buxton U. ..	9590	—	—	41	37	—	—	4	4	45	41

DEATH-RATE FROM PHTHISIS OR PULMONARY TUBERCULOSIS SINCE 1891.

Year.	Derbyshire.	England and Wales.
1891	1·42	1·6
1892	1·2	1·4
1893	1·1	1·4
1894	1·1	1·4
1895	1·1	1·4
1896	1·0	1·3
1897	1·0	1·3
1898	1·0	1·3
1899	·97	1·3
1900	·9	1·3
1901	·92	1·26
1902	·79	1·24
1903	·81	1·20
1904	·90	1·23
1905	·77	1·14
1906	·76	1·15
1907	·80	1·14
1908	·80	1·17
1909	·81	1·08
1910	·74	1·01
1911	·68	1·06
1912	·67	1·01
1913	·67	·951
1914	·65	1·04
1915	·74	...

TUBERCULOSIS.

In Table XI. a summary of the notifications of cases of Tuberculosis received during the year is given. Of the total of 987 cases notified, 689 were pulmonary. Reference to Table XI. shews that the bulk of the pulmonary cases occurred in early adult life, while the bulk of the other cases occurred among children.

The arrangements we have made for treating pulmonary cases are satisfactory, but to complete our scheme we have still to provide accommodation for advanced cases, and an institution is urgently needed for children and young adults suffering from tubercle of the bones and joints.

Again a considerable number of children are suspected by the School Medical Officers as suffering from early tubercle and are excluded from school and their education is being neglected. A residential open-air school for these children is also necessary.

COUNTY OF DERBY.

SUMMARY OF TUBERCULOSIS NOTIFICATIONS

during the period from January 1st, 1915, to January 1st, 1916.

Age Periods.		Number of Notifications on Form "A."													Number of Notifications on Form "B." (Notifications by School Doctors.)					Number of Notifications on Form "C."	
															Primary Notifications.						
		0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and over.	Total.	Total Notifications (*i.e.*, including cases previously notified by other doctors).	0 to 5	5 to 10	10 to 15	Total.	Total Notifications (*i e.*, including cases previously notified by other doctors).	Poor Law Institutions.	Sanatoria and Hospitals.
Pulmonary ..	*Males*	1	21	43	24	31	40	79	53	29	23	2	346	361	—	9	6	15	15	6	182
	Females	2	19	33	43	33	56	84	48	14	12	—	343	366	1	15	7	23	23	6	136
Skin, Bones, Joints and Glands ..	*Males*	2	12	20	12	8	6	8	—	2	—	—	70	86	—	7	9	16	16	—	8
	Females	3	19	10	15	4	8	6	1	1	1	—	68	81	1	8	4	13	13	1	4
Bowels and other Forms ..	*Males*	9	17	11	5	—	2	3	—	1	2	—	50	52	—	2	—	2	2	5	1
	Females	9	19	4	6	1	3	1	—	—	—	—	43	44	—	1	—	1	1	—	2
All Causes ..	*Males*	12	50	74	41	39	48	90	53	32	25	2	466	499	—	18	15	33	33	11	191
	Females	14	57	47	64	38	67	91	49	15	13	—	454	491	2	24	11	37	37	7	142
TOTAL ..	**1915**	**26**	**107**	**121**	**105**	**77**	**115**	**181**	**102**	**47**	**38**	**2**	**920**	**990**	**2**	**42**	**26**	**70**	**70**	**18**	**333**
	1914	19	74	169	142	146	126	231	138	72	25	16	1153	1157	3	38	35	76	76	12	10

Up to the present time the provision we have made for treating cases of tubercle, consists of a Sanatorium of 100 beds and 10 shelter beds, and we have 16 beds for advanced cases at the Chesterfield Joint Isolation Hospital. In addition to these, dispensaries have been provided at Chesterfield, Chinley, Derby, Glossop, Ilkeston, Long Eaton, and Matlock, and we have entered into a contract with the Burton-on-Trent Corporation for cases residing in the County on the south side of the river Trent to be treated at their dispensary.

As I am constantly pointing out, the problem of Tuberculosis is essentially a housing problem. In an overcrowded house which is ill-ventilated where there is one case of Tuberculosis, it is impossible for other inmates not to become infected. For this reason every encouragement is given to patients, especially those who are shedding tubercle bacilli, to continue their open-air treatment at home after they leave the Sanatorium. To enable them to do this the Tuberculosis Committee provide them with shelters where there is room for them to be erected near the house. Altogether 230 such shelters have been provided. Speaking generally, they are used properly and are appreciated.

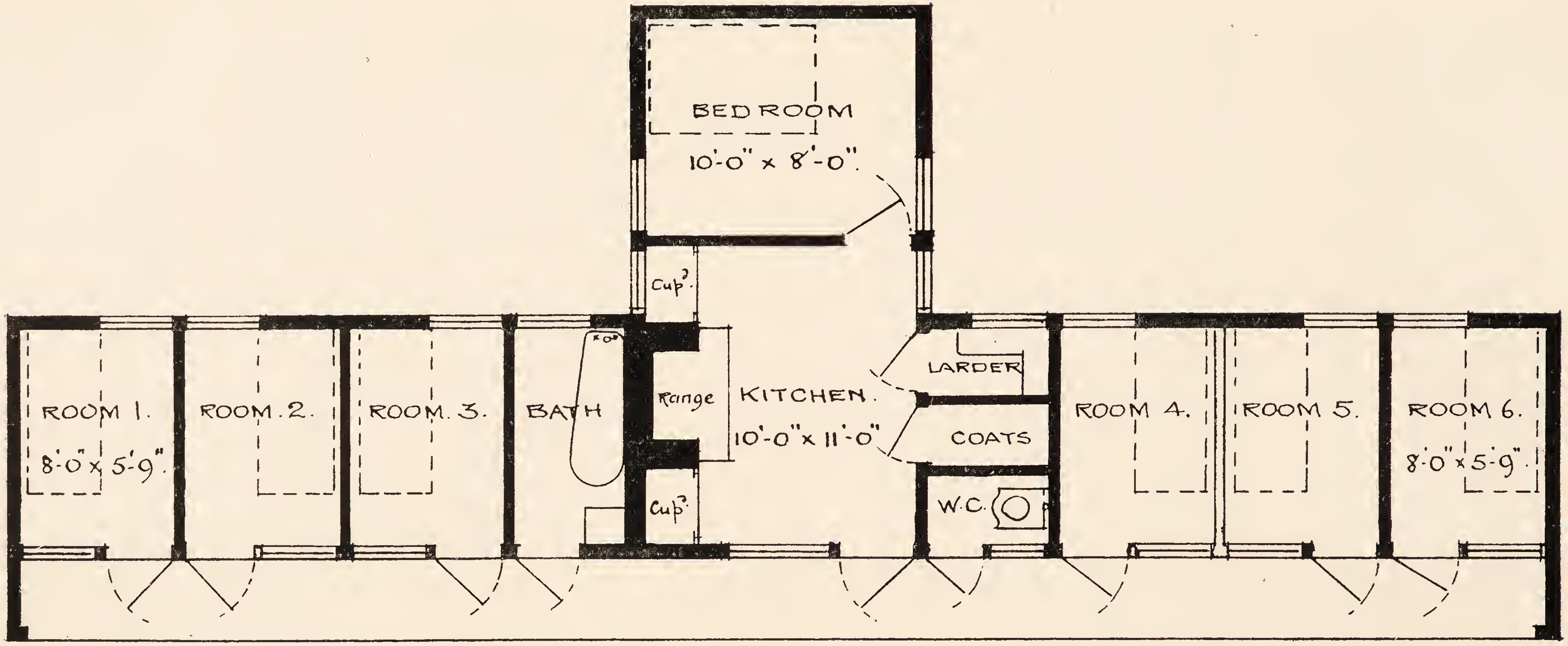
The total cost of the shelters, with equipment and necessary carting during the year, was as follows:—

	£	s.	d.
Shelters	1,450	5	0
Repairs, carting and erection	183	1	2
Beds and bedding	575	17	5
	£2,209	3	7

When we remember that it is necessary to continue living in the open for years, I hope that before long, by voluntary effort, we shall see provided in every district rows of single cubicles in which patients suffering from Tuberculosis can live while they are still at work. Such an arrangement would be more satisfactory than shelters and the cost would be comparatively small. I am certain that single living rooms with through ventilation could be provided to let at one shilling a week. See plate, page 34.

Again, after the war, housing schemes will have to be carried out throughout the whole country. In the future workman's cottage a coal-place and w.c. should be provided with a flat roof, so that a shelter might be erected on the top of it with access from upstairs, for the open-air treatment of cases of Tuberculosis or the isolation of infectious disease.

Where a shelter cannot be provided the Tuberculosis Committee have paid for the window being taken out and for a screen being erected over the window to prevent the rain beating in, as shown in the sketch below.



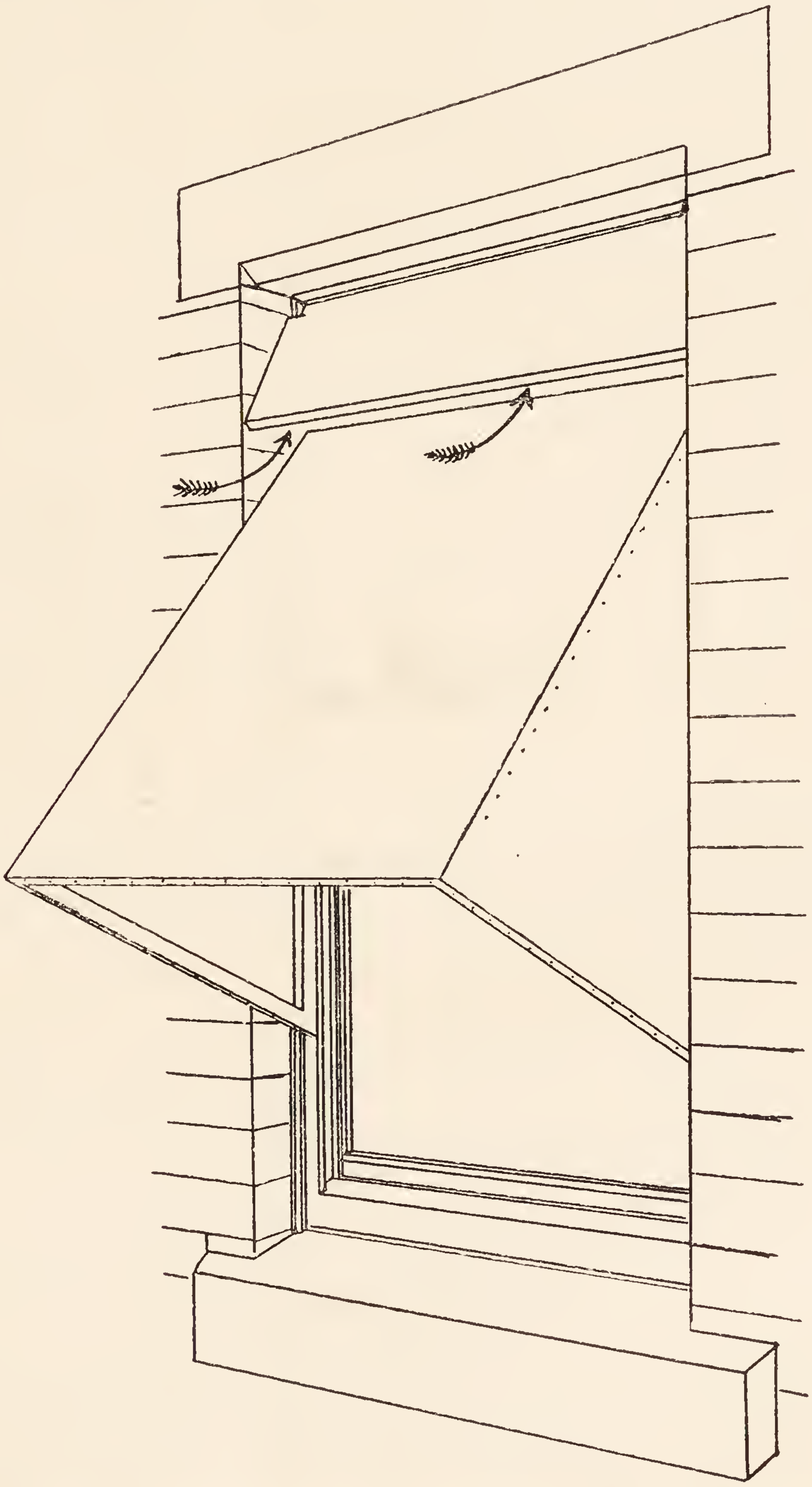
PLAN OF

SIX CUBICLES FOR CONSUMPTIVES.

SCALE. 1 INCH = 8 FEET.

(See page 33.)

An essential part of our preventive scheme is the visit of the health visitor to the homes of notified cases. The health visitor explains the necessity for the patient living in the open air, not only for his own benefit but for the protection of the other members of the house. She explains the necessity of not coughing without holding something in front of the mouth, and demonstrates the proper means of disposing of the sputum. If the case is an ambulatory lung case she sees that a sputum bottle is provided and that a specimen of the sputum is sent to the Laboratory for bacteriological examination. She explains the necessity for the patient sleeping in a room without a carpet, so that the floor if infected can be easily disinfected. A copy of the leaflet "Hints on Consumption" is left and gradually the patient is taught to understand that his chances of improvement depend upon his willingness to exercise self-discipline.



Canvas Screen fixed over window, all glass being removed.
Board above to let air in at top.

INCIDENCE OF PHTHISIS IN SPECIAL AREAS.

I hope from time to time that the Tuberculosis Officers will be able to make special investigations on the incidence of Phthisis among persons engaged in industries which predispose towards Phthisis, and in areas where housing conditions are such as to cause spread of the disease.

My attention has been called to the fact that one-third of the cases notified in the Shardlow Rural District, with a population of 31,000, were notified from the parish of Melbourne, with a population of 3,700. I therefore asked Dr. Nicholson to visit the district, and he has prepared the following report:—

Melbourne is a town situated in the south-east corner of Derbyshire, in a high-lying agricultural district possessing a dry and bracing climate, all of which attributes would tend to prevent the spread of Tuberculosis. Its population of about 3,700 is partly engaged in the boot and shoe industry.

There are five factories engaged in this work, all fairly up-to-date both as to structure and machinery.

Men are chiefly engaged as—

(a) *Clickers*, e.g., persons engaged in cutting-out the uppers of boots, a process formerly done by hand, but now largely done by machinery.

(b) *Pressmen*, e.g., cutters-out of soles and heels by power-driven presses.

(c) *Lasters*, e.g., persons engaged in fixing the uppers and the soles.

(d) *Finishers*, e.g., edge-setters and others, who put a finish to the boots.

(e) *Stock-room hands*, chiefly packers.

In some of these departments, especially in the clicking and finishing departments, the positions occupied by the workers are sometimes an impediment to the free use of the chest muscles, with a consequent tendency to impairment of lung vitality and usefulness.

Women are mostly engaged as machinists, who sew the parts forming the uppers together, e.g., closing.

The influences at work in such a factory in the causation of Phthisis are both *predisposing* and *actual*.

Predisposing—(a) The cramped position.
(b) Sedentary nature of occupation.
(c) Vitiated atmosphere.
(d) Over-crowding.

Actual—The presence of INFECTED *persons*.
The presence of *infected* DUST.

I made an inspection of the two largest factories, and did not find anything in the working conditions likely to increase or cause a predisposition to Phthisis.

On the other hand, the factories are well provided with facilities to minimise this, but unfortunately the workers themselves fail to take advantage of them.

I found, for instance, that although there were windows made to open, they were, with one exception, all closed. Suction fanners were provided in many cases to convey away dust, but these were found clogged with dust and out of action in several instances.

The standard air-space provided under the Factory Act (1901) is 250 cubic feet for each person, and this was complied with in all cases, but a large part of the space in such factories is taken up with boot-racks and other machines used in the different processes.

In the Clicking Department the workers are pretty closely situated, and here the number of cases has always been excessive. Overcrowding is more marked in the Closing Department, but here the workers are mostly females, and, as is suggested in the special report of the Insurance Commissioners, p. 13, "probably owing to the fact that females do not spit so readily as males, the mortality is *lower* than in the other departments."

The Presence of Infected Persons.—During my inspection I found in one factory two infected persons at work, both of whom had been in attendance at my dispensary.

Statistics.—From August, 1912, to the end of 1915, there were 36 cases of Phthisis notified in Melbourne—17 females and 19 males; 11 have died—7 males and 4 females.

Of the 26 notified cases, 16 (8 males and 8 females) were engaged in the boot and shoe industry, and 5 (4 females and 1 male) were engaged in the lace trade. Eight were housewives and 2 housemaids, the other 9 belonging to various non-textile industries.

Of the 16 shoe operatives, 8 were clickers, 6 were machinists, 1 was a skiver, and 1 a finisher. All the cases occurred between the ages of 17 and 58.

Forty-four per cent. dwelt in three streets on an area of about 10 acres. The houses in this area are mostly old and in need of repair. Many are damp. Owing to the low ceilings and small windows, a still smaller area of which is made to open, the lighting and ventilation are bad; some of the inner rooms were found to be lit by borrowed light, and possessed neither a flue nor a ventilator.

The privy-midden and pan-closet are far too commonly met with. There are not many instances of back-to-back houses. The present population of the area in question is 310 (adults 207 and children 103).

Sixty-one houses in the area have been dealt with recently under the Housing and Town Planning Act, and of the 22 houses which have been occupied by Phthisis patients, 12 still remain to be dealt with under this Act.

On looking into the cases more carefully, one finds that in one street, e.g., New Yard, one case had lived in and occupied at various times three different houses. Another had lived in three different houses in this street, his father and sister having died from Phthisis at a previous date in one or other of these. One had occupied two different houses, and in one this patient's sister died from Phthisis in 1911, the house was not disinfected, the patient then went to live in another street of the affected area, and after a time left this house and returned to another house in the original street near the one first occupied; her sister lived with her, then married, and removed to another house in which she also developed Phthisis.

In four cases patients were known to have removed from this street, their houses were not disinfected before the arrival of new tenants.

In another street in this area, Quick Close, one patient changed his house twice. His wife contracted Phthisis from him and died in the house he now occupies.

In the third street of this infected area, Blanch-croft, a Mrs. B. died from Phthisis in 1902, and the house was not disinfected. Mr. B. died from Phthisis in 1905, in the same house, which was then disinfected.

One of the cases living in Quick Close worked in a shoe factory, her nearest neighbour in this factory has since contracted the disease. Another shoe worker now suffering from Phthisis is living in the same house along with another phthisical patient.

Owing to the insanitary houses and the fact that at one time or another most of them have been inhabited by phthisical patients, the disease may almost be said to have become endemic in this area of the town, and it is easy to understand how a factory operative with his or her system enfeebled by working in a bad posture in a vitiated atmosphere would be likely to contract disease from living in such an infected area. It is the housing conditions rather than the factory conditions which are in my opinion of paramount importance. Many of these houses are in process of repair, others are condemned and await demolition.

Another line upon which more energetic action is required is in the disinfection of houses in which persons suffering from tuberculosis live. It will take a long time before the chronic consumptive with profuse expectoration can live in a house without infecting it, and all houses in which consumptives live should be periodically disinfected. This should be done much more thoroughly than it is at present and the bedding should all be passed through a steam disinfector. There are still some districts, such as the Borough of Glossop, in which no steam disinfector is available. Again, when the patient dies, not only should the house be disinfected, but the bedding should be removed to a steam disinfector. This is not generally done throughout the County.

TABLE XII.

PULMONARY TUBERCULOSIS OR PHTHISIS.

Figures supplied by local Medical Officers of Health.*

Urban Districts.	Estimated Population 1915.	Cases.	Deaths.	Case rate per 1,000 of population	Death rate per 1,000 of population	Death rate per 100 cases notified.
Alfreton	19,431	9	10	·46	·51	100·0
Alvaston & Boulton ...	1,529	—	3	—	1·96	100·0
Ashbourne	3,888	4	2	1·02	·51	50·0
Bakewell	2,837	4	3	1·41	1·05	75·0
Baslow	798	1	1	1·25	1·25	100·0
Belper	11,756	13	12	1·10	1·02	92·3
Bolsover	11,088	12	5	1·08	·45	41·6
Bonsall	1,214	—	—	—	—	—
Brampton & Walton	2,287	3	3	1·31	1·31	100·0
Buxton	9,590	25	7	2·60	·73	28·0
Chesterfield (Boro') ...	37,653	64	37	1·70	·98	57·8
Clay Cross	8,108	3	1	·37	·12	33·3
Dronfield	4,179	6	4	1·43	·95	66·6
Fairfield	4,299	20	8	4·65	1·86	40·0
Glossop (Boro') ...	20,665	35	13	1·69	·62	37·1
Heage	3,678	2	3	·54	·81	100·0
Heanor	20,918	35	12	1·67	·57	34·2
Ilkeston (Boro') ...	30,859	42	26	1·36	·84	61·9
Long Eaton	17,460	29	10	1·66	·57	34·4
Matlock	5,950	1	7	·17	1·17	100·0
Matlock Bath ...	1,593	—	1	—	·62	100·0
New Mills	8,288	30	8	3·61	·96	26·6
North Darley ...	3,011	3	3	·99	·99	100·0
Ripley	12,661	15	4	1·18	·31	26·6
South Darley ...	742	—	—	—	—	—
Swadlincote	18,975	31	9	1·63	·47	29·0
Whittington & Newbold	17,834	16	23	·89	1·29	100·0
Wirksworth	3,657	2	3	·54	·82	100·0
Urban Districts ...	284,948	405	218	1·42	·76	53·8

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* These figures do not tally with the Notifications we have in the Central Office.

Pulmonary Tuberculosis or Phthisis—*continued.*

Figures supplied by local Medical Officers of Health. *

Rural Districts.	Estimated population 1915.	Cases.	Deaths.	Case rate per 1,000 of population	Death rate per 1,000 of population	Death rate per 100 cases notified.
Ashbourne	10,318	9	7	·87	·67	77·7
Bakewell	19,380	39	16	2·01	·82	41·0
Basford	1,440	1	1	·69	·69	100.0
Belper	25,451	32	18	1·25	·70	56·2
Blackwell	39,540	46	28	1·16	·70	60·8
Chapel-en-le-Frith	15,383	39	20	2·53	1·30	51·2
Chesterfield	71,888	77	46	1·07	·64	59·7
Clowne	17,507	13	16	·74	·91	100·0
Glossop Dale	3,801	10	1	2·63	·26	10·0
Hartshorne & Seals	8,113	16	4	1·97	·49	25·0
Hayfield	4,050	10	2	2·46	·49	20·0
Norton	4,228	5	2	1·18	·47	40·0
Repton	14,453	32	14	2·21	·96	43·7
Shardlow	30,959	31	21	1·01	·67	67·7
Sudbury	2,527	—	—	—	—	—
Rural Districts	269,042	360	196	1·33	·72	54·4
Urban Districts	284,948	405	218	1·42	·76	53·8
Whole County	553,990	765	414	1·38	·74	54·1

* These figures do not tally with the Notifications which we have in the Central Office.

DERBYSHIRE SANATORIUM.

Medical Superintendent - W. C. Fowler, M.D., B.S., LOND.

The County Sanatorium was opened at the end of March, 1915. Dr. W. C. Fowler was appointed Medical Superintendent, and Dr. Josephine Ahern as assistant. The Sanatorium was fully described in the report for last year. Since its opening, however, two large sheds have been erected as workrooms and store houses, one for men and the other for women. Dr. Fowler has prepared an instructive report on the work done during the year, from which the following particulars are taken:—

A good deal of the available land has been already used for vegetable cultivation or prepared for sowing, and recently about an acre in the men's field and about half an-acre in the women's field has been ploughed for cultivation.

In the lighter parts of these operations the patients get a good deal of healthy exercise which is of distinct therapeutic value.

Patients.—From March 22nd, 1915, to December 31st, 1915, the following were admitted and discharged:—

	Insured.	Non-Insured.	Total.
Admitted	169	90	259
Re-admitted	1	1	2
Discharged	138	69	207
Remaining in Sanatorium ...	32	22	54

The completed cases may be divided into groups thus:—

	Insured.	Non-Insured.
Completed Treatment—Lungs	111	59
Re-admitted for completion of treatment	1	0
Bone and Joint	3	1
Glands	1	2
,, Re-admitted	0	1
Non-Tubercular (sent in for diagnosis) ...	1	2
Left before one month	14	3
Sent out as unsuitable	6	1
Sent to Hospital (Appendicitis)	1	0
	138	69

Length of Stay.—This is a matter which depends upon the individual requirements of each case.

As a guiding rule, however, a patient should stay at least a month for educational purposes whether curable or otherwise.

Towards the end of this period the cases can usually be divided up as follows:—

1. Cases in which cure or at least arrest and return to work can be expected within six months. This class should stay at least three months, the home conditions determining whether a longer stay is advisable.

2. Cases in which, while no cure or complete arrest can be expected, there is a reasonable prospect of their return to light work within six months. This is the most difficult class to deal with, and sometimes leads to disappointment, a temporary improvement during the first month or two raising hopes which subsequently are lost.

3. Cases in which no more than temporary benefit can be expected, but which, from their highly infectious nature, it is most desirable to educate. For these one month's stay is sufficient, especially if a shelter can be provided for them when they return home.

Of the 205 cases referred to (excluding two re-admissions) the average length of stay was 65 days. The following table gives the number of patients who stayed one, two or three months:—

Less than one month	20
One month	27
Two months	34
Three months	96
Over three months	28
The longest stay	165 days.

RESULTS.—These of necessity when reduced to figures are liable to be misleading, because of the difficulty in standardising the class of case admitted. An attempt, shown below, to do this, proves how much the results depend upon cases being admitted in the earlier stages.

PULMONARY TUBERCULOSIS.

A separate classification of the results has been made to show:

(1) General improvement in patient (as a whole);

(2) Local improvement, i.e., in the lungs, as shown by physical examination, sputum, etc.

	Completed Treatment	Much Improved.	Improved.	Stationary.	Worse.	Dead.	Total.
General	171	121	36	7	5	2	171
Local ...	171	80	44	32	13	2	171

GLANDULAR TUBERCULOSIS.

Dr. Fowler removed glands in three cases with the result that one was improved and two were completely cured.

BONE AND JOINT CASES.

Four bone and joint cases also received surgical treatment, of which two were cured and one improved.

I.—Stage of Disease on Admission.

	Much Improved.	Improved.	Stationary.	Worse.	Dead.	Totals.	Percentages Much Improved.
Turban I.							
General ...	53	11	0	0	0	64	83
Local ...	42	16	6	0	0		65·5
Turban II.							
General ...	44	16	3	0	1	64	70
Local ...	25	18	14	6	1		40
Turban III.							
General ...	15	5	3	1	0	24	62
Local ...	5	8	7	4	0		21
Lungs & Larynx- I. II., III.,							
General ...	9	4	1	4	1	19	47
Local ...	8	2	5	3	1		42

II.—Effect of Stage of Disease on Working Capacity at Time of Discharge.

		None.	Light Exercise only.	Light Work and Exercise.	Moderate Work.	Heavy Work.
Turban	I.	0	6	27	19	16
Stage	II.	4	9	35	19	8
	III.	6	4	10	8	0

PRESENT CONDITION OF PATIENTS DISCHARGED UP TO DECEMBER 31st, 1915.

Dr. Fowler points out that the most important points in sanatorium treatment are: (1) To restore the working capacity; (2) To teach the patient how he may keep well and avoid being a danger to others.

With regard to the first, the following statistics collected at the end of March, 1916, show the present condition of all the patients discharged by December 31st, 1915. They are divided up into their Turban Stage groups for the purpose of comparison.

PULMONARY CASES.

STAGE I. 68 completed treatment

At the end of March 1916: 48 working = 72%
17 not working.
2 died (of other complaints).
1 lost sight of (left the County).
—
68

STAGE II. 74 completed treatment.

At the end of March, 1916: 41 working = 57·7%
26 not working.
2 lost sight of (left the County).
5 dead (1 committed suicide).
—
74

STAGE III. 27 completed treatment.

At the end of March, 1916: 6 working = 22·2%
17 not working.
4 dead.
—
27

GLAND CASES.

3 completed treatment—3 working.

BONE AND JOINT CASES.

4 completed treatment—3 working.
1 not working.
—
4

SUMMARY:—

179 cases—all kinds.

110 working = 63·5% (corrected percentage).
99 improved.
43 stationary.
20 worse.
11 dead (1 suicide).
3 lost sight of (left the County).
3 non-tubercular cases—all working.

These results, when patients of the same stage of the disease are considered, compare favourably with the results obtained in other parts of the country.

APPENDIX.

Showing cases discharged between December 31st, 1915, and March 22nd, 1916.

The detailed results of these will be included in the report for 1916, and are therefore only briefly mentioned here.

Of the total of 44 insured and 26 non-insured, 56 completed treatment.

Of the remaining 14,
4 left before one month ;
3 were found to be non-tubercular (sent in for observation) ;
3 were sent to Penmore as unsuitable;
1 sent to General Hospital suffering from pernicious anæmia ;
1 died of acute bronchitis and emphysema ;
2 bone and joint cases for surgical treatment.

Totals for year ending March 22nd, 1916 :—

	Insured.		Non-Insured.	
	Men.	Women.	Men.	Women.
Admitted ..	127	87	34	88
Re-admitted ..	3	0	1	0
Discharged ..	112	68	28	68
Remaining ..	18	19	7	20

NUTRITION.

The system of graduated work and exercise makes the increase in weight of a patient a much more reliable guide to his general improvement than would be the case if the patient had been kept at rest.

If he has been able to gain weight while working, he is more likely to maintain his improved weight after discharge.

Of the 169 patients who completed treatment, 91 gained up to 10 lbs. in weight, 66 gained 10-20 lbs., 6 gained over 20lbs. in weight.

RESULTS OF SPUTUM EXAMINATION.

The sputum is examined on admission and before discharge.

In nearly every case the effects of treatment were shown in a considerable diminution of the amount of sputum, while 27 patients lost it altogether. Of these 27, 10 contained tubercle bacilli on admission and 17 were negative, while the sputum of four other patients was positive on admission but negative on discharge.

TUBERCULIN.

This has been given systematically to all those patients who were considered suitable from a clinical point of view, and it has the great advantage of being much more exactly controlled in a Sanatorium than is possible outside. The result is that severe reactions are avoided and the confidence of the patient is built up.

Up to December 31st, 163 patients out of 205 received injections, but seeing that the cases were specially selected for that purpose, it would be misleading to compare the results obtained with those who did not receive it, as the latter are mostly the febrile and unfavourable type, whose autoinoculation from their own focus of infection is already providing them with more of the eqivalent of tuberculin than they can deal with.

TEETH.

Many patients that were admitted had very bad teeth, the mouths of some being in so septic a state that the results of treatment if the teeth were left alone would have been entirely counteracted. 128 patients required extractions—some a single stump, others as many as 15. Two refused treatment and were on that account not kept longer than one month. This dental work takes up a great deal of Dr. Fowler's time, and there is no doubt that a dental officer will have to be appointed for the Sanatorium. I receive the same report from the Tuberculosis Officers in charge of the dispensaries. There is ample scope for the whole-time service of a dental surgeon in looking after the teeth of the patients at the Sanatorium and attending the various dispensaries.

SURGICAL WORK.

Dr. Fowler performed one major and several minor operations; among the latter three cases of deflected nasal septum were treated by submucous resection.

COMPLICATIONS.

It is a noteworthy fact that no case of severe hæmorrhage occurred, although most patients reached the working stages. This has been noted often in other sanatoria and must be attributed to the open air and regulated life.

RADIOGRAPHIC WORK.

The X-ray installation has been of the utmost value in many cases in clearing up the diagnosis and also in determining the progress of some cases in which the scarcity of physical signs did not seen to coincide with the symptoms. Many cases which would otherwise be labelled as early or slight are found by X-raying to be more advanced—a fact which influences the treatment and especially the kind of work which the patient is advised to take up on discharge.

LECTURES.

Apart from the educational effect of the treatment and routine, it is of great value to the patients to know the elementary facts about infection, etc., and Dr. Fowler gives a lecture once a week alternately in the men's and women's pavilions. The subject is divided up into a series of three lectures whose headings are roughly speaking: I.—Mode of Infection, II.—Prevention, III.—Cure.

Considerable interest has been shown and sustained in these lectures.

LECTURES ON COOKING.

The Education Committee have allowed one of their teachers of cookery to attend each week and give practical demonstrations on the preparation of food for consumptives to all the women patients. As the patients all change about every three months, at the end of that time the course is started again and continued throughout the year. The Committee have, with the help of Miss Sinclair, one of the Education Committee's cookery experts, brought out a small book entitled "Diet for Consumptives." There is a great prejudice in this country against the use of many excellent articles of diet such as lentils and nut butter. The demonstrations given, speaking generally, are on the preparation of appetising food of the cheapest and most neglected types. When the patients have heartily enjoyed a dinner, it is the best kind of education to take them and give them a practical demonstration how to prepare the same meal for themselves when they get home. The patients on leaving the Sanatorium have the opportunity of taking with them a book of recipes showing how to prepare meals similar to those that they have had whilst they were in the Sanatorium, and which they have been shown how to cook.

DERBYSHIRE SANATORIUM. TABLE XIII.

ANALYSIS OF EXPENSES YEAR ENDING MARCH 31st, 1916.

Average daily number of Patients—			
Insured	..	39·58	
Uninsured	..	22·97	Staff. 24·7
		62·55	

	Cost.	Total.	Cost per day per person.		Cost per day per patient.
	£ s. d.	£ s. d.	d.	d.	d.
1. **Provisions.**					
Meat	853 15 9		6·41		8·95
Fish, Poultry, &c. ..	26 9 10½		·20		·28
Butter, Bacon, &c. ..	290 6 9		2·18		3·04
Eggs	14 16 0		·11		·16
Milk	337 15 7		2·54		3·54
Bread, Flour, &c. ..	171 2 4		1·29		1·79
Grocery	259 4 10		1·95		2·72
Vegetables and Fruit ..	100 11 8		·76		1·05
Malt Liquors, &c. ..	1 17 0		·01		·02
Aerated Water and Ice ..	0 5 0		·00		·00
		2056 4 9½	15·45		21·55
2. **Surgery and Dispensary** ..		227 8 7			2·38
3. **Domestic.**					
Water	47 19 6			·50	
Coke	189 6 10			1·98	
Coal	79 19 0			·84	
Gas	48 10 10½			·51	
Electric Current	77 17 11			·82	
Uniforms	47 3 10			·49	
Other Domestic	171 13 0½			1·81	
		662 11 0			6·95
4. **Establishment**		90 18 8			·95
5. **Salaries and Wages** ..		1.353 19 10½			14·20
6. **Miscellaneous**		79 4 7½			·83
7. **Patients' Fares**		49 17 8			·52
8. **Insurance Stamps**		34 11 8			·36
9. **Administration**		49 6 0			·52
10. **Repayment of Capital and Interest, Rates and Taxes** ..		1,017 17 8			10·67
		5,622 0 6½			58·93
	Less Receipts ..	13 19 4			·15
		£5,608 1 2½			d. 58·78

34s. 3d. per patient per week

Work done at Tuberculosis Dispensaries.

Dr. Nicholson has prepared the following Summary of the Work done at the various Dispensaries.

Total cases attending dispensaries			1644
(1914)	Old cases	430	
(1915)	New cases	1214	
Insured persons attending (passed by Insurance Committee)		488	or 29·6%

Age Incidence. 816 or 40·9% of the cases were amongst children under the age of 15 years, *e.g.*, of *school age, or under.

Classification of cases (*a*) †	Tuberculosis, Pulmonary ...	980
	Tuberculosis, Not-Pulmonary	265
(*b*) ‡	Observation cases	321
	Cases not Tubercular ...	78
	Total ...	1644

Classification of cases (Pulmonary) according to stage of disease (" Turban " classification).

Stage I.	Stage II.	Stage III.		Total.
593	264	123	...	980

Sputum Examinations totalled 625 or 63·7% of Pulmonary cases, of these 282 or 45·1% were Positive.

There were 265 non-Pulmonary cases, of which 139 or 52% were Tubercular glands ; 38 joint cases ; 22 bone cases ; 10 skin cases ; 11 abdomen cases ; 8 Tuberculosis of the eye ; 6 the Larynx ; 6 the Pleura.

Cases treated by tuberculin 676
or 54·3% of 1245 cases accepted for treatment at Dispensaries.

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* This figure emphasises three or four points : (*a*) The prevalence of Tuberculosis amongst the young. (*b*) The need for careful investigation of all contacts. (*c*) The need for isolation of children from "open" cases of Pulmonary Tuberculosis. (*d*) The need for " open-air " schools for such children.

† (*a*) All the cases except Non-Pulmonary are tabulated at Chinley under this heading. Notice was not taken of observation cases at all ; the figure is therefore too high.

‡ (*b*) This figure is too low for reasons stated above.

Condition of Patients at end of year.

Fit for work or attend school ...	582
Arrested	139
Improved	578
Stationary or Advancing	326
Dead	116

These figures, large as they are, give but a poor idea of the amount of work entailed in the conduct of a Tuberculosis Dispensary. It must not be overlooked that the Dispensary, like the Sanatorium, is but a unit in a great scheme. Other units are shelter treatment, of which shelters, 230, are at present in use in Derbyshire (County Scheme), and the house visitation done by the Tuberculosis Nurse. No one of these units is an independent factor, but each one is inter-dependent upon the other.

(1) The *Dispensary* (1) Examines contacts.
- (2) Supplies and selects cases suitable for Sanatorium or Isolation Hospital.
- (3) Treats individual cases direct
  - (*a*) by Tuberculin ;
  - (*b*) by Medicinal means ;
  - (*c*) by Hygienic teaching ;
  - (*d*) by Operative measures and X-Rays.

(2) The *Tuberculosis Health Visitor.*
- (*a*) Rounds up fresh cases, " contacts and suspects " for the Dispensary.
- (*b*) Supervises home conditions and gives advice.
- (*c*) Supervises " Shelters " and their method of use.
- (*d*) Supervises the " after care " of all ex-Sanatoria and ex-Dispensary patients.

(3) *The Sanatorium.*
- (1) Provides " observation " for cases requiring it.
- (2) Treatment for all cases admitted,
- (3) " Educational " facilities, *e.g.* Instruction in the cult of the " open-air " discipline in *cleanliness* and other matters.
- (4) Instruction in the care of spit and the use of an open-air shelter. Raises the resistance of debilitated patients and enables the Dispensary Officer to " carry on " when patient returns home.

Of all these units the Dispensary is the only one which offers treatment and education to some patients during their entire life history (as patients). *Ambulant Cases*, who are able to attend the Dispensary and receive treatment there, often do very well, and many such cases have become " arrested " and are now working daily, despite the fact that they have *never been* in Sanatoria.

Tuberculin Treatment. The results as seen in Dispensary, ambulant treatment are on the whole *satisfactory*. Tuberculin, if given with care in carefully selected cases, has a decided influence in the treatment of tuberculosis, it raises the " resistance " of the patient (if there is any to begin with), and many cases show very great improvement under its careful administration, such as

(*a*) gain in weight ;
(*b*) increase in blood formation ;
(*c*) arrest of symptoms ;
(*d*) greater feeling of " well-being."

The best advertisement for tuberculin is that patients who have been under treatment at one time, frequently come back and ask for another course, as they " feel the want of it."

WORK DONE AT DISPENSARIES.

TABLE XIV.

	Burton.	Chesterfield	Chinley.	Derby.	Glossop.	Ilkeston.	Long Eaton.	Matlock.	Total.
CASES TREATED ..	**105**	**505**	**283**	**244**	**70**	**196**	**101**	**140**	**1,644**
Males	55	250	120	150	34	85	47	73	814
Females	50	255	163	94	36	111	54	67	830
Under 15 Years ..	58	201	176	125	12	120	68	56	816
Insured	50	172	50	93	16	26	28	53	488
STAGE OF DISEASE. Pulmonary Cases ..	**89**	**283**	**204**	**145**	**63**	**52**	**43**	**101**	**980**
Stage (Turban) I.	56	141	127	94	43	32	20	80	593
II.	21	98	53	35	13	12	17	15	264
III.	12	44	24	16	7	8	6	6	123
Sputum Examined	23	232	83	105	44	40	37	61	625
Positive ..	9	106	28	50	14	25	22	28	282
TREATMENT. Sanatorium	24	111	25	50	14	27	24	21	296
Tuberculin		217	191	105	35	65	21	42	676
RESULT. Disease arrested ..	13	41	11	25	9	15	12	13	139
Improved	53	147	131	65	25	55	52	50	578
Stationary	34	79	127	25	23	12	14	12	326
Dead	5	79	12	8	2	5	2	3	116
Still under Treatment	71	184	163	149	50	90	56	46	809
Working	23	146	121	125	40	70	35	22	582

MIDWIVES' ACT, 1902.

At the end of 1915 there were 398 midwives on the County roll; of this number 186 were trained midwives, of these 54 are district nurse midwives.

The following are changes of midwives on the Derbyshire roll during 1915:—

Deaths of midwives	6
Midwives struck off the roll	3
Number of midwives who have retired from practice voluntarily, whose certificates have been cancelled by the Board	2
Number of midwives left the County (bona-fide)	2
Number of midwives left the County (trained) of whom 11 were district nurses	16
Number of midwives who have done temporary duty for district nurses	19
Number of midwives enrolled	23

Cases of Puerperal Fever:—

	No. of Midwives.	No. of Confinements.	No, of Puerperal Fever Cases.	Caso rate per 1,000 Confinements
Bona-fide	212	6,269	12	1·9
Trained	187	4,245	10	2·3
	398	10,514	22	2·0

For a suggested reason for the higher rate of Puerperal Fever among trained midwives, see page 21.

This is an increase of 6 cases as compared with the number notified in 1914.

Scholarships.—During the year 9 scholarships were granted. Three candidates have qualified, 1 failed, 2 have withdrawn, 2 are at present in training, and the remaining 1 is waiting for a vacancy to occur in the training school.

The following table gives the records received with the corresponding figures for previous years:—

	1907	1908	1909	1910	1911	1912	1913	1914	1915
Medical Help	391	568	633	731	749	761	747	782	704
Still-births	180	198	196	188	199	211	210	198	213
Deaths of Children	25	39	32	47	38	33	45	31	28
,, Mothers	5	6	5	10	10	5	4	6	3
Puerperal Fever	14	25	34	23	27	29	20	16	22
Laying-out the Dead	—	—	—	—	24	69	20	20	21
OphthalmiaNeonatorum (since notification came into force)	..	..	..	..	..	..	..	26	27
Totals	615	836	900	999	1,047	1,108	1 046	1,079	1018

INSPECTIONS MADE :—

Inspection forms marked "Good"	183
" " " "Satisfactory"	450
" " " "Indifferent"	82
" " " "Bad"	19
Number of other inspections and visits	40
" Midwives out	173
Total	947

BACTERIOLOGICAL LABORATORY.

During the year 6,801 specimens for bacteriological examination were sent in to the County Laboratory. The following table shows who sent the specimens in:—

Medical Practitioners	2,714
School Medical Staff	1,792
Dispensary Staff	606
Hospitals (Isolation and others)	1,309
Military Authorities	292
District Sanitary Inspectors	43
Public Health Staff	7
Others	38
Total	6,801

The districts from which the specimens submitted by medical practitioners were sent are given below. From the Urban Districts the rate should be at least 10 per 1,000, from the Rural Districts at least 7½ per 1,000. The number of specimens submitted from any district or hospital throw a suggestive side-light on the scientific activity of that district.

In diphtheria the patient should not be discharged until two negative swabs have been obtained. The negative swabs from any district should be at least three times as many as the positive swabs. Reference to Table XVI. shows that in many districts the positive swabs were as numerous as the negative ones. [In this connection see also page 16.]

TABLE XV.—**Specimen Rate from Practitioners per 1,000 of population.**

Districts.	Popu-lation.	Specimen Rate.	Districts.	Popu-lation.	Specimen Rate.
Urban.			**Rural.**		
Baslow	798	46·36	Hayfield	4,054	10 11
Wirksworth	3,657	19·96	Bakewell, ...	19,380	7·48
Chesterfield (Boro.')	37,653	13·62	Clown	17,507	4·96
Ashbourne	3,888	11·32	Ashbourne	10,318	4·94
Matlock Bath ..	1,593	11·30	Hartshorne & Seals	8,113	4·56
Belper	11,756	10·80	Repton	14,453	4·28
Long Eaton ..	17,460	10·54	Shardlow	30,959	3·61
Alvaston & Boulton	1,529	7·84	Chapel-en-le-Frith ..	15,383	3·05
New Mills	8,288	6·87	Blackwell	39,540	2·70
Bonsall	1,214	5·76	Chesterfield ..	71,838	2·67
Ilkeston (Boro') ..	30,859	5·73	Belper	25,451	2·39
Brampton & Walton	2,287	5·24	Sudbury	2,527	2·37
Buxton	9,590	5·10	Glossop Dale ..	3,801	·26
Bolsover	11,088	5·05	Basford	1,440	..
Bakewell	2,837	4·93			
Dronfield	4,179	4·51	Urban Districts ..	284,943	6·19
Matlock	5,950	4·53	Rural Districts ..	269,042	3·52
Fairfield	4,299	4·42			
Whittington and Newbold ..	17, 34	3·75	Whole County ..	553,990	4 89
Swadlincote ..	18,975	3·69	Whole County .. Total Specimens ..	..	12 28
North Darley ..	3,011	3·32			
Heanor	20,918	2·53			
Clay Cross	8,108	2·46			
Heage	3,678	2·44			
Ripley	12,661	1·89			
Alfreton	19,431	1·75			
Glossop (Boro') ..	20,665	1·60			
South Darley ..	742	..			

TABLE XVI.—**Specimens received from Medical Practitioners during 1915:—**

Districts.	Enteric Fever.		Diphtheria.		Phthisis.		Ringworm.		Miscellaneous		Total	
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
URBAN.												
Alfreton	..	..	3	6	3	19	1	2	..	..	7	27
Alvaston & Boulton ..	..	..	2	8	..	2	..	..	..	..	2	10
Ashbourne	2	3	..	3	15	16	2	..	2	1	21	23
Bakewell	..	1	..	3	1	7	2	..	..	..	3	11
Baslow	..	..	17	18	1	1	..	..	..	..	18	19
Belper	2	1	33	64	6	15	..	1	3	2	44	83
Bolsover..	..	7	12	23	2	10	..	1	..	1	14	42
Bonsall	..	2	..	1	1	3	..	..	..	..	1	6
Brampton & Walton ..	..	1	1	5	2	2	..	..	..	1	3	9
Buxton	2	3	..	11	9	22	1	1	..	..	12	37
Chesterfield (Boro') ..	4	4	58	309	13	51	38	29	2	5	115	398
Clay Cross	..	..	4	7	..	8	..	..	1	..	5	15
Dronfield	1	..	7	7	1	3	..	..	..	..	9	10
Fairfield	2	3	..	4	1	8	..	1	..	..	3	16
Glossop (Boro') ..	..	..	5	5	4	18	..	..	1	..	10	23
Heage	..	..	4	2	2	1	..	..	..	..	6	3
Heanor	..	1	..	..	14	36	..	1	1	.	15	38
Ilkeston (Boro'). ..	2	..	24	134	3	3	2	9	..	..	31	146
Long Eaton	..	3	28	90	16	43	1	1	2	..	47	137
Matlock	..	1	7	4	2	3	3	..	3	4	15	12
Matlock Bath ..	..	..	4	12	..	2	..	..	..	..	4	14
New Mills	..	1	6	30	6	14	..	..	..	..	12	45
North Darley	..	2	..	1	..	4	1	..	1	1	2	8
Ripley	..	..	1	2	3	14	..	..	2	2	6	18
South Darley	..	..	..	..	..	..	..	..	..	..	..	..
Swadlincote	..	2	20	18	7	23	..	..	..	..	27	43
Whittington & Newbold	2	9	15	33	1	4	1	..	..	2	19	48
Wirksworth	..	..	20	32	1	20	..	..	..	..	21	52
Urban Districts	17	44	271	832	114	352	52	46	18	19	472	1293
RURAL.												
Ashbourne	1	5	..	9	6	22	..	1	1	6	8	43
Bakewell (South) ..	..	1	7	23	2	8	..	..	..	1	9	33
Bakewell (North) ..	22	12	17	22	7	18	1	..	1	3	48	55
Basford	..	..	..	..	..	..	..	..	..	..	..	..
Belper	..	3	10	23	2	14	2	..	5	2	19	42
Blackwell	1	2	12	24	14	54	..	..	..	..	27	80
Chapel-en-le-Frith ..	6	7	5	14	3	10	..	..	2	..	16	31
Chesterfield	3	6	42	67	13	51	1	1	5	3	64	128
Clowne	..	5	14	28	6	28	5	1	..	..	25	62
Glossop Dale ..	..	..	..	..	..	..	..	..	1	..	1	..
Hartshorne & Seals ..	..	1	4	6	5	21	..	..	..	..	9	28
Hayfield	..	..	12	13	2	9	..	..	..	5	14	27
Norton	..	..	..	..	..	..	..	..	..	..	..	..
Repton	..	..	4	30	2	21	2	..	2	1	10	52
Shardlow	..	3	13	59	9	20	3	..	..	5	25	87
Sudbury	2	1	..	..	..	3	..	..	..	..	2	4
Rural Districts ..	35	46	140	318	71	279	14	3	17	26	277	672
Urban Districts ..	17	44	271	832	114	352	52	46	18	19	472	1293
Whole County ..	52	90	411	1150	185	631	66	49	35	45	749	1965

Specimens received from Hospitals during 1915.

Hospital.	Diphtheria.		Enteric Fever.		Phthisis		Miscellaneous.		Total.	
	Pos.	Neg.	Pos	Neg	Pos.	Neg.	Pos	Neg.	Pos.	Neg.
Belper	69	249	1	2	..	..	..	..	70	251
Buxton	..	..	1	1	..	1	..	3	1	5
Chesterfield General	2	..	..	..	..	..	..	..	2	..
Draycott	13	60	..	..	..	..	..	..	13	60
Dronfield	13	35	..	..	..	..	..	..	13	35
Etwall	24	121	..	..	..	..	..	2	24	123
High Peak	4	17	1	1	..	..	..	..	5	18
Langwith	17	73	2	3	..	..	..	..	19	76
Mastin Moor	67	154	..	1	..	..	..	..	67	155
Morton	13	89	..	1	..	..	..	..	13	90
Penmore	50	202	1	..	..	..	2	14	53	216
Totals ..	272	1000	6	9	..	1	2	19	280	1029

The following Table shows the number of Specimens received from the Dispensaries, Penmore Hospital Pavilion, and Chesterfield Sanatorium during 1915:—

Dispensary.	Sputa.		Miscellaneous.		Total.	
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
Burton-on-Trent ..	7	19	..	..	7	19
Chesterfield	35	124	2	11	37	135
Chinley	19	40	..	1	19	41
Derby	33	53	9	20	42	73
Glossop	7	13	2	..	9	13
Ilkeston	16	50	..	3	16	53
Long Eaton	10	19	4	8	14	27
Matlock	11	28	..	1	11	29
Penmore Pavilion ..	36	21	1	1	37	22
Chesterfield Sanatorium	..	..	..	2	..	2
Totals	174	367	18	47	192	414

The following Table shows the number of Specimens received from the Military Authorities during 1915:—

Material.	Pos.	Neg.	Total.
Naso-pharyngeal Swabs for Meningococci ..	9	105	114
Cerebro-Spinal Fluid for Meningococci ..	2	5	7
Sputum for Tubercle Bacilli	14	92	106
Throat Swabs for Diphtheria Bacilli	7	39	46
Blood for Enteric Fever	1	8	9
Miscellaneous	4	6	10
Totals	37	255	292

School Specimens.—The following is a list of the school specimens received during the year 1915:—

	Positive.	Negative.
Swabs for diphtheria	41	685
Ringworm	538	442
Sputum for tubercle bacilli	1	6
Miscellaneous	6	73
	586	1,206
Total	1,792	

The miscellaneous specimens comprised: 1 vaccine, 2 eye and ear swabs, 1 pus from a tonsil for tubercle bacilli, and 75 urines for general examination.

Tuberculous Milk.—77 samples of milk were examined during the year for the presence of tubercle bacilli by animal inoculation. These were sent in by the following:—Local sanitary inspectors 39 (4 positive, 35 negative), veterinary surgeons for private clients 35 (7 positive, 28 negative), Penmore Hospital 1 (negative), Walton Sanatorium 1 (negative), Egginton Dairy Company 1 (negative).

Veterinary Specimens.—1 sample was submitted for the detection of anthrax.

Specimens by Local Sanitary Inspectors.—In addition to the samples of milk mentioned above, the following specimens were received during the year:—Eye swabs 2, dust for B. Coli 1.

Military Specimens.—The following specimens were received on behalf of the Military Authorities:—Fæces and urines for B. typhosus 3, urine for bacilluria 1, and 4 vaccines were prepared.

Hospitals.—The following specimens were received from the various hospitals in the County:—Urine and fæces for B. typhosus 11, urine for T.B. 4, swabs for meningococci 5, and 1 vaccine prepared.

School Cases.—The swab specimens were submitted on behalf of the Education Committee:—Eye swab 1, urine for general examination 75, ear discharge 1, pus for tonsil 1, 1 vaccine prepared.

Dispensary Cases.—Sputum for albumin 24, blood counts 3, urine for tubercle bacilli 16, guinea pigs inoculated with urine and sputum 14, urine for organisms 1, hairs for ringworm 2, pus for T.B. 1, fluid from ulcer 1, 3 vaccines prepared.

Private Practitioners.—Pus for gonococci 13, swabs for meningococci 13, blood counts 11, spinal fluids 4, fæces for B. typhosus 4, pus, fæces, and urine for T.B. 4, pus and blood for organisms 4, eye swab 1, water for B. Coli 2.

Public Health Staffs.—Salmon for B. typhosus 1, pus for casual organism 2, water for B. Coli 3, spinal fluid 1, swabs for meningococci 6, dust for T.B. 1, milk for T.B. 1, eye swabs 3.

Other Specimens.—1 specimen of milk for the presence of dirt was also examined.

WATER SUPPLIES.

Ashbourne.—Owing to the increase of population at Ashbourne the water supply has now proved insufficient. The District Council have been endeavouring to augment it by using an air lift at their borehole.

Bakewell.—A new reservoir holding 100,000 gallons of water has been provided at a level of 734′ O.D. and is supplied by a 5″ main. The new reservoir is for the supply of the upper part of the Chesterfield and the Buxton roads beyond the D.P. Battery Works. Dr. Evans' reports that the supply of the district has improved as a result of this.

Buxton.—Pressure filters have been installed for dealing with water from the Lightwood reservoir. The Burbage water is still being treated by the hyperchlorite process. Owing to their occasional plumbo-solvency, the supplies from Cold Springs and Lightwood are treated with lime. It is satisfactory to read that the process is successful.

Clay Cross.—The springs arising on the two acres of land the District Council have purchased near Woferly Springs have been collected together and connected with the main taking the water from Woferly Springs. The spring at Grinders Well has been enclosed in a brick laid with cement chamber, so as to prevent its pollution, and the water has been piped direct to the filters. If the present supply should be insufficient to enable the Council to generally adopt the water-carriage system of excrement removal, the effect of pumping by means of an air-lift from the borehole should be tried.

Blackwell Rural.—The most important event with regard to water supplies was an outbreak of Diarrhœa and Gastro-enteritis affecting some thousands of persons in the Blackwell Rural District. The outbreak was so sudden and so widespread that immediately suspicion fell upon the water supply. The water was submitted to chemical analysis, but this failed to shew any pollution. The parishes in question derive their water supply from Sutton-in-Ashfield, but there was no Diarrhœa in Sutton or other parishes supplied with Sutton water. The water from Sutton is pumped to a service reservoir at Huthwaite, from which there is a gravitation main to Blackwell and South Normanton. Samples of the water from the reservoir, and as delivered into houses at South Normanton and Blackwell, were submitted to me for bacteriological examination with the following results:—

	B. Coli found.
1. Sample from reservoir, Huthwaite	Nil.
2. Smedley's, Church Street, South Normanton	in 1 c.c.
3. Club House, Blackwell	in 1 c.c.
4. The "Robin Hood" Inn, Old Blackwell	in 0·1 c.c.

As a result of this examination it is clear that excreta was obtaining admission to the water mains at some point between the reservoir and the houses supplied at South Normanton and Blackwell. The Engineer of the District Council tested the water mains in sections and they were found to be water-tight. Doubt was therefore thrown upon the bacteriological examination. The Local Government Board sent Dr. Rees, one of their Medical Inspectors, to investigate, and on visiting the Urban District of Huthwaite in Nottinghamshire, where the reservoir is situate, he noticed sewage coming through a manhole in the road. On excavating he found a 12″ sewer fractured and blocked up, so that the sewage was backing up along the sewer and coming through the joints, impregnating the ground around the water main to Blackwell and South Normanton. The Engineer of the District Council was still sceptical of the possibility of sewage gaining access to the water mains because the hydraulic test showed that the main was water-tight.

The diarrhœa, however, continued, and Dr. Rees insisted upon the water main from the reservoir being laid bare. In doing this a water pipe was discovered which was not known to exist. It was a 6″ by-pass connecting the gravitation main from the reservoir to the pumping main before it delivered water into the reservoir. On this by-pass there was a sluice valve which was closed. The by-pass was below the level of the sewer, and a flaw or blow-hole was found in it about ½″ in diameter. This hole was at a level of 596·85 above Ordnance Datum. The top water level in the reservoir was about 7 feet higher. The water main itself was water-tight, when the water in the reservoir was below the level of 596·85, but when the level was above this height water came out through this hole in the by-pass, and at the end of the day when the level of the water in the reservoir fell below 596·85, sewage from the ground around the broken sewer was drawn through the flaw into the water main.

The facts revealed entirely account for the intermittent character of the outbreak, and for the failure of the hydraulic test as carried out, to prove the flaw in the water pipe.

The quantity of sewage which was sucked into the main was small, and the outbreak was not of a serious character. Had there been patients suffering from enteric fever at Huthwaite, and the sewage contained the organism of enteric fever, there must have been a wide-spread outbreak of enteric.

Chesterfield Rural.—A future development is suggested by Dr. Peck, who advises the Chesterfield Rural District Council and the Clay Cross Urban District Council to pool their interests in the Press and Amber Watersheds.

Clowne Rural.—The most important water scheme inaugurated was the utilisation of the Manton Colliery water by the Clowne Rural District Council.

Hayfield Rural.—Perhaps the water scheme which is most urgently required, but the one which makes no progress, is the scheme for the supply of Mellor. The Hayfield Rural District Council, in whose area this parish is situate, have the right to obtain a supply from Stockport, and as soon as it is possible this scheme should be carried out.

Shardlow Rural.—The scheme for distributing the Derwent Valley water throughout the Shardlow Rural District has been hung up on account of the war. This is an urgent necessity and should be carried out as soon as possible.

SEWAGE PURIFICATION.

The delay occasioned by the war in carrying out schemes of sewage purification is being utilised for thoroughly testing the new "Activated Sludge" process.

As everyone knows, sewage sludge consists of mineral detritus and organic matter containing a large number of bacteria and other organisms. These organisms have been utilised in the past for splitting up the albuminous matter into simpler compounds. The oxidation of these products of fermentation has up to the present been effected by filters. It occurred to Dr. Fowler, of Manchester, that by stirring the sludge up in the sewage and supplying it with air it might be possible to carry out the oxidising fermentation without filters. He proved this in the laboratory and subsequently at Salford it was proved on a practical scale both in continuous and in fill-and-draw tanks. At Salford about 80,000 gallons a day were purified in this manner. The air was blown in to the bottom of the tanks through pipes with nozzles. The circulation of the air through the tanks kept the sludge in motion, but it was obvious that only a small proportion of the oxygen in the air was taken up. To get over this difficulty Messrs. Jones & Attwood brought out what they have called a Diffuser, consisting of a cast-iron box with a porous tile cover. The air blown through the porous tile comes out in small bubbles and a much larger proportion of it is used. It will be seen that two things are required for the process:—(1) aeration, and (2) continuous mixing.

There can be no doubt that the mixing of the sewage can be done more economically by mechanical mixers than by blowing in air, especially if the tanks are designed specially for the purpose without corners.

With regard to the aeration it should be borne in mind that the work is done by the oxygen which is dissolved, and when the sewage is saturated, the amount taken up is only 7 parts per 1,000 by volume. There can be no doubt that the amount of air being pumped in is in excess of what is required for complete aeration.

Since coming to this conclusion I have had an opportunity of seeing the suggestive experiments made by Mr. Haworth, the chemist in charge of the Sheffield works. Mr. Haworth is agitating his sewage by a mechanical agitator and blowing air into the sewage by an extremely efficient form of screw, consisting of three screw propellers driven off one shaft in a pipe dipping into the sewage, and has found that to saturate the sewage with oxygen, it is only necessary to use this aerator for two minutes every half-hour.

A microscopic examination of the activated sludge shows it to be teeming not only with bacteria but also with infusorial life. These bacteria and infusoria are not "anchored" as they are in percolating filters and contact beds. This leads to special difficulties. The sludge containing the organisms which do the work sometimes floats, sometimes settles. The conditions under which it does one or the other will have to be discovered, and special arrangements will have to be devised to prevent the sludge washing over. Again, when manufacturing wastes are discharged which are inimical to the organisms, the process of purification will stop abruptly. In times of heavy storms there will be a risk of the organisms being washed out of the tanks. It appears to me that the future use of this new process will be in combination with existing processes of purification, but that it is not fair to judge the new process by experiments with existing plants. Works to carry out this process should be specially designed. The tanks in which the activated sludge is working should have no corners, should probably be circular, and the whole of the sewage should be kept on the move by some mechanical process, and these tanks should be used continuously night and day. The separation of the sludge should take place in a specially designed tank with a sloping bottom at a high pitch and the clarified fluid should be removed through floating arms. Again, in the tank where the aeration takes place, I think it is quite worth while considering the advisability of having suspended shallow filters of coke, a foot deep, on the top of the tank through which the air would bubble continuously and which might be drawn out of the tank in a cage for aeration.

If this process is proved to be a practical proposition, it opens out many possibilities for the future. Sewage might be purified in the weirs of mill dams on streams and in many existing plants aeration of the sewage might be adopted before the tank effluent is applied to the filters. Again, it might be used to prevent nuisance arising from septicity of sewage in tanks.

Owing to the war very little work has been done, but the work of the conversion of privy middens to water closets is still being proceeded with, and it is extremely satisfactory to find that during the year as many as 916 privy middens were thus converted.

SALE OF FOOD AND DRUGS ACTS, 1875-1899.

The following is a summary of the work done under the above Acts by the County Analyst, Mr. John White, F.I.C.

	Samples Analysed.	Samples Adulterated.	Percentage Adulterated.
Food and Drugs ...	1,433	92	6·4
Milk	224	32	14·2

During the year the County Food Inspector attended and saw the cows milked where added water had been proved by the County Analyst. The analysis of the samples so collected upset the lame defence that the cows naturally gave a " watery milk."

SCHOOL CLOSURE.

The number of schools or departments closed for public health reasons to prevent the spread of infectious disease was 34, compared with 69 in 1914, 77 in 1913, 42 in 1912, and 42 in 1911. 23 of the closures were made by the School Medical Officer under Article 45 (b) of the Education Code, and 11 by the Sanitary Authority under Article 57. The reason for closure was as follows:—Measles 21, Scarlet Fever 6, Diphtheria 1, Whooping Cough 1, Chicken-pox 1, Mumps 2, other causes 2.

DAIRIES, COWSHEDS AND MILKSHOPS.

Although it is not possible to have considerable structural alterations made to the cowsheds at the present time. there is no reason why the efforts to obtain a higher standard of cleanliness should be relaxed. In some districts an effort has been made to employ women for milking. If this becomes general I hope it will lead to a higher standard of cleanliness. There can be no doubt that many of the ailments of children in summer time are due to milk being contaminated with dirt during the process of milking, and I believe that if women had the care of cows, they would not allow them to remain in the filthy condition in which most of them are at present,

TABLE XVII.

URBAN DISTRICTS.	No. of Cowsheds, etc., on Register.	Inspections made.	Legal Notices Served	Nuisances abated with or without Notice.
Alfreton	88	20	2	2
Alvaston and Boulton	20	80	—	—
Ashbourne	14	36	2	2
Bakewell	16	46	6	6
Baslow	29	44	—	—
Belper	52	66	—	—
Bolsover	10	20	—	—
Bonsall	35	40	1	1
Brampton and Walton	47	90	—	—
Buxton	34	136	—	—
Chesterfield (Boro')	19	111	5	5
Clay Cross	26	47	5	5
Dronfield	9	18	2	3
Fairfield	28	106	—	7
Glossop (Boro')	62	315	15	25
Heage	29	51	10	9
Heanor	52	11	—	—
Ilkeston (Boro')	56	75	2	1
Long Eaton	33	83	5	12
Matlock	52	52	—	—
Matlock Bath	3	5	2	2
New Mills	53	95	—	4
North Darley	157	102	—	—
Ripley	33	48	4	4
South Darley	15	6	1	1
Swadlincote	41	177	—	82
Whittington & Newbold	56	117	5	7
Wirksworth	36	72	10	10
Urban Districts	1,105	2,035	77	188

	No. of Cowsheds, etc on Register.	Inspections made.	Legal Notices Served.	Nuisances abated with or without Notice.
Ashbourne	316	600	27	20
Bakewell	161	217	21	30
Basford	24	50	—	—
Belper	299	448	12	—
Blackwell	131	330	3	4
Chapel-en-le-Frith	152	—	—	—
Chesterfield	424	945	17	14
Clowne	76	167	5	5
Glossop Dale	213	71	2	15
Hartshorne & Seals	59	52	15	9
Hayfield	37	30	6	4
Norton	47	61	—	—
Repton	296	398	31	31
Shardlow	320	726	304	257
Sudbury	213	200	200	—
Rural Districts	2,768	4,295	643	389
Urban Districts	1,105	2,035	77	188
Whole County	3,873	6,330	720	577

TABLE XVIII.

RAINFALL, 1915.

Month.	Derby.		Ashbourne.		Belper.		Wirksworth.	
	Rainy Days.	Ins.	Rainy Days.	Ins.	Rainy Days.	Ins.	Rainy Days.	Ins.
January ..	21	2.97	19	4.11	18	3.32	23	4.62
February ..	16	2.41	17	3.90	18	4.31	20	5.41
March ..	14	1.00	13	1.06	9	1.10	13	1.10
April ..	12	0.89	15	0.90	13	0.96	11	1.17
May ..	9	1.69	9	1.61	9	1.48	10	1.36
June ..	7	1.62	6	2.53	6	1.59	7	1.35
July ..	21	6.26	19	5.71	17	5.28	21	4.71
August ..	16	1.98	20	3.38	13	2.52	14	3.10
September ..	8	0.78	6	0.47	7	0.60	6	0.68
October ..	11	1.79	12	2.76	12	2.03	15	2.36
November ..	11	2.54	12	2.64	12	2.82	9	2.86
December ..	27	4.92	26	6.21	25	5.95	30	7.86
Totals ..	173	28.85	174	35·28	159	31.96	179	36.58
True means		29.7		35.9		30.3		33.2

Month.	Darley Hall.		Chesterfield (G.C. Rly.)		Woodhead.		Chapel-en-le-Frith.	
	Rainy Days.	Ins.	Rainy Days.	Ins.	Rainy Days.	Ins.	Rainy Days.	Ins.
January ..	22	4.32	20	2.82	22	8.08	23	5.30
February ..	19	5.61	16	3.45	19	6.73	18	5.07
March ..	15	1.60	6	0.70	16	1.99	15	1.08
April ..	15	1.11	9	0.95	19	1·90	17	1.49
May ..	11	1.62	8	1.16	5	1.65	10	1.35
June ..	8	1.31	4	0.86	9	1.64	9	2.21
July ..	20	4.36	12	3.39	22	5.85	22	5.09
August ..	16	2.22	16	1.87	17	5.61	20	2.58
September ..	6	0.84	4	0.66	5	0.65	5	0.61
October ..	13	1.84	7	1.01	13	2.85	10	1.66
November ..	14	3.72	10	2.75	12	3.97	12	2.44
December ..	26	7.29	24	6.47	26	9.24	28	7.97
Totals ..	185	35.84	136	26.09	185	50.16	189	36.85
True means		33.5		27.6		50.0		40.2

PART II.

THE DISTRICTS SEPARATELY.

URBAN SANITARY DISTRICTS.

ALFRETON.

Medical Officer of Health, S. O. BINGHAM, M.R.C.S.

SANITARY INSPECTOR—J. SPENCER, M.S.I.A.

Area in Acres, 4,626.

	Census 1901.	Census 1911.	Estimated 1915.
Population	17,505	19,046	19,431

Chief Occupation:—Coal Mining.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever. and Diarrhœa.	Phthisis Death Rate
28.35	63.5	11.16	.77	.31	.51

At the time of going to press—August 25th— the report of the Medical Officer of Health of this district was not received.

The report of the Sanitary Inspector, however, states that 43 houses were inspected under the Housing and Town Planning Act, closing orders being made in respect of 3 houses. Thirty houses were repaired without closing orders and 1 after a closing order was made. Fifty-two privy middens and 24 pail closets were converted to water closets.

Further Sanitary Requirements:—

1. An increased water supply.
2. The general adoption of the water-carriage system of excrement removal.
3. The disposal of the sewage of Ironville.

ALVASTON AND BOULTON.

Medical Officer of Health, D. W. M. TURPIN, L.R.C.P.I.

SANITARY INSPECTOR—JAMES ROBINSON.

Area in Acres, 1,591.

		Census 1901.		Census 1911.		Estimated 1915.
Population	...	1,279	...	1,398	...	1,529

Chief Occupation :—Residential.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever. and Diarrhœa.	Phthisis Death Rate.
26.81	73.1	11.11	—	—	1.96

The report this year merely contains the statistics required by the Local Government Board.

Further Sanitary Requirements :—

1. The extension of the Derby water mains for supplying all houses in this district with the water.
2. The general conversion of privy middens to the water-carriage system of excrement removal.

ASHBOURNE.

Medical Officer of Health, E. A. SADLER, M.D.

SANITARY INSPECTOR—J. ABBOTT, C.E., M.R.S.I.

Area in Acres, 573.

		Census 1901.		Census 1911.		Estimated 1915.
Population	...	4,039	...	4,059	...	3,888

Chief Occupations :—Agriculture and Manufacturing.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate
19.03	121.6	13.63	.77	—	.51

During the year 4 privies and 3 pail closets were converted to water closets.

The cost of scavenging in this district works out at 4/- per head per annum.

Dr. Sadler reports that the sewage works continue to give satisfactory results.

Further Sanitary Requirements:—

1. The provision of an isolation hospital and steam disinfector.
2. An increased water supply.
3. Additional houses.
4. Through ventilation in houses at present without it.

BAKEWELL.

Medical Officer of Health, C. W. EVANS, M.B.

SANITARY INSPECTOR—WM. REDFEARN.

Area in Acres, 3,061.

	Census 1901.	Census 1911.	Estimated 1915.
Population	2,877	3,078	2,837

Chief Occupations:—Agriculture, Quarrying, and Residential.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
15.51	113.6	12.33	.70	—	1.06

The scavenging in this district is performed by the Council's own servants and the cost for the year worked out at 8/10 per house per annum.

Further Sanitary Requirements:—

1. The provision of a proper isolation hospital, together with a steam disinfector.
2. The conversion of privy middens to water closets.

BASLOW AND BUBNELL.

Medical Officer of Health, P. S. FENTEM, M.D.

SANITARY INSPECTOR—JOHN CLARK.

Area in Acres, 5,634.

	Census 1901.	Census 1911.	Estimated 1915.
Population	797	858	798

Chief Occupations:—Agricultural and Residential.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever. and Diarrhœa.	Phthisis Death Rate.
22.55	111.1	13.78	1.25	—	1.25

During the year 4 old closets were improved, 2 being converted to water closets. The total number of water closets in the district is now 121. There are still 93 old privy vaults. The system of scavenging which has been described in previous reports is still in operation.

Further Sanitary Requirements:—

1. The provision of a proper isolation hospital, together with a steam disinfector.
2. An improved system of scavenging.

BELPER.

Medical Officer of Health, R. G. ALLEN, M.R.C.S.

SANITARY INSPECTOR—JOHN A. STATHAM, Cert.S.I.

Area in Acres, 3,183.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	10,934 ...	11,640 ...	11,756

Chief Occupations:—Textile manufacturing and Coal-mining.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
24.16	109.1	14.88	.93	.08	1.02

The scavenging in this district is carried out at a cost of 4/6½ per house per annum. Dr. Allen calls attention to the nuisance arising from fried fish shops, and suggests that the smell might be abated by adopting properly constructed cooking apparatus. He also advocates the provision of portable galvanised iron dustbins generally throughout the district instead of wooden boxes.

During the year 27 privies and 44 pail closets were converted to water closets, and the windows in a large number of houses were made to open. It is good to read that in this district "the owners of property have not waited for Orders from the Council, but have made these important alterations to the windows on their own accord."

Further Sanitary Requirements:—

1. The gradual conversion of privy middens and pail closets to the water-carriage system.
2. The provision of moveable sanitary dustbins.
3. Increased isolation hospital accommodation.

BOLSOVER.

Medical Officer of Health, W. STRATTON, L.R.C.P.I.

SANITARY INSPECTOR—W. SCORER.

Area in Acres, 4,955.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	6,844 ...	11,214 ...	11,088

Chief Occupation:—Coal Mining.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
30.58	135.7	13.07	2.25	.18	.45

In Old Bolsover and Carr Vale 56 privy middens were converted to water closets. A promise has been obtained from the Colliery Company that the so-called Model Village with its 200 privy middens shall be put on the water-carriage system as soon as a sufficient water supply is guaranteed. In Bolsover there is a Water Company, and if their supply is insufficient, a supplementary supply could be obtained from the Clowne Rural District.

The scavenging of the district, except Whaley Thorns, is let by contract, and the cost works out at about 6/- per house per annum.

Further Sanitary Requirements:—

1. The scavenging of the whole district should be carried out by the servants of the Council.
2. The conversion of privy middens and pail closets to water closets, and the paving of back-yards.
3. A sewerage and sewage disposal scheme for Stanfree.

BONSALL.

Medical Officer of Health, A. G. HARVEY, M.D.

SANITARY INSPECTOR—A. W. FARNSWORTH.

Area in Acres, 2,447.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	1,360 ...	1,248 ...	1,214

Chief Occupations:—Agriculture and Mining.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
22.24	—	10.71	—	—	—

This district is now scavenged fortnightly. This is not often enough—the work ought to be carried out each week by the Council's own servants.

During the year complaints were received of the nuisance caused by the polluted state of the stream running through the village. As a temporary expedient the District Council are cleansing out the brook course.

It is stated that the cubic space per cow in this district varies from 230 to 260 feet!

Further Sanitary Requirements:—

1. Provision of an isolation hospital in conjunction with the other districts within the Haddon Hospital area.
2. A sewerage and sewage disposal scheme.
3. Improved administration of the Dairies, Cowsheds and Milkshops Orders, a much greater cubic space per cow being required.

BRAMPTON AND WALTON.

Medical Officer of Health, R. A. McCREA, M.B.

SANITARY INSPECTOR—WM. J. NICHOLLS.

Area in Acres, 9,734.

	Census 1901.	Census 1911.	Estimated 1915.
Population	2,168	2,125	2,287

Chief Occupation:—Agriculture.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
21.42	20.4	14.43	.44	—	1.31

The water supply of the Chesterfield Gas and Water Board was satisfactory, but there was a shortage in those parts of the district supplied from wells. During the year there has been difficulty in having the scavenging properly carried out owing to the shortage of labour, and it has been decided that in future the work shall be done by the Surveyor of the Urban District Council.

Further Sanitary Requirements:—

1. Conversion of privy middens to water closets, and the provision of moveable sanitary dustbins in the place of ashpits.
2. Improvements at the Sewage Disposal Works.

BUXTON.

Medical Officer of Health, T. B. FLINT, M.R.C.S.

SANITARY INSPECTOR—W O. COATES.

Area in Acres, 1,310.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	10,181 ...	10,024 ...	9,590

Chief Occupation :—Residential.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever. and Diarrhœa.	Phthisis Death Rate.
16.78	118.0	13.97	1.04	.21	.72

The scavenging in this district is done by the District Council at a cost of 8/3 per house per annum. Three-quarters of the houses are provided with galvanised iron dustbins. The refuse is destroyed by destructor. There are now in the district nothing but water closets, except in 77 houses where there are pail closets.

Further Sanitary Requirements:—

1. Increased accommodation for the Nursing Staff at the Isolation Hospital.
2. The provision of a steam disinfector and a van for the removal of infected bedding.

CHESTERFIELD (Borough).

Medical Officer of Health, R. FRASER, M.B.

SANITARY INSPECTOR—CHAS. E. WOOD, C.S.I.

Area in Acres, 2,643.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	32,335 ...	37,406 ...	37,653

Chief Occupation :—General Manufacturing.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
27.11	112.6	15.32	1.75	.23	.98

Dr. Fraser points out that the provision of a new abbatoir should be seriously considered. The present public abbatoir is on the south side of the town, and if any extensive improvement scheme is carried out the site would become an exceedingly valuable one for public or other offices. The opening out of the space which used to be known as the "Dog Kennels area" and throwing it by a broad way into the Market Place would make Chesterfield a town of great possibilities. The abbatoir should be removed further away from the business centres.

The sewage problem, which at one time was practically solved in this district, is still giving cause for anxiety owing to the trade wastes from the sulphate of ammonia plant at the Gas Works and the Cotton Bleaching Works.

Dr. Fraser strongly advocates an ante-natal clinic and a maternity centre. He points out that 35 per cent. of the children who die during the first year of life in the Borough of Chesterfield, die within the first month, and that these deaths are due to adverse conditions operating on the mother before she gives birth to the child.

In this district, which has a population of 40,000, only seven working-class houses were vacant on the 30th of June.

Owing to the war, the scheme which had been adopted for the conversion of privy middens to the water-carriage system has been hung up. 134 privies were converted to water closets, against 243 in the previous year.

Inspections have continued under the Housing and Town Planning Act into the condition of 319 houses, 21 of which were found to have no through ventilation.

The cost of scavenging works out at 6/2¾ per house per annum. Two additional cells are required at the refuse destructor.

Further Sanitary Requirements:—

1. An increased water supply so as to permit of the conversion of privy middens to water closets.
2. Further cells at the refuse destructor.
3. Additional sewage filters.

CLAY CROSS.

Medical Officer of Health, N. A. K. SPARROW, L.R.C.P.I.

SANITARY INSPECTOR—THOS. G. GRIFFIN, Cert. S.I.

Area in Acres, 1,467.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	8,358 ...	8,365 ...	8,108

Chief Occupation:—Mining.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever. and Diarrhœa.	Phthisis Death Rate.
33.30	140.7	17.26	2.46	.61	.12

During the year a considerable amount of sanitary work was carried out in this district. 150 privies were converted to water closets. 14 defective water closets were remedied.

Sewers were laid in Shakespeare Yard, Waterloo Street, Hill Street, High Street, and King Street.

During the year 226 houses were inspected and 13 were closed. 13 back-to-back houses were converted to houses with through ventilation—8 in Waterloo Street, 4 in King Street, and 1 in Broad Leys.

Further Sanitary Requirements:—

1. Improved housing.
2. Conversion of privy middens to water closets, and the paving of back yards.
3. An additional water supply.

DRONFIELD.

Medical Officer of Health, O. H. HUDSON, M.R.C.S.

SANITARY INSPECTOR—T. H. ATKINSON.

Area in Acres, 1,045.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	3,809 ...	3,943 ...	4,179

Chief Occupations:—Coal Mining and Edged Tool Making.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
20.58	127.9	15.31	.71	.24	.95

In this district there is public scavenging, the work being done by the servants of the District Council, and the cost is estimated at 3/6 per house per annum. There are now 374 water closets. Only 2 privies were converted into water closets during the year.

Further Sanitary Requirements:—

1. Conversion of privy middens to water closets.
2. The paving of back yards.

FAIRFIELD.

Medical Officer of Health, C. J. BENNET, M.R.C.S.

SANITARY INSPECTOR—E. G. FARR.

Area in Acres, 3,457.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	2,969 ...	4,114 ...	4,299

Chief Occupations:—Quarrying and Residential.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
20.93	144.4	14.19	.69	—	1.86

The scavenging in this district is carried out by the servants of the District Council at a cost of 4/6 per house per annum. There are now only 26 privies left and 36 pail closets.

During the year 11 new water closets were provided, 2 privies converted to water closets, 67 sanitary dustbins were provided in the place of boxes, and 14 yards were flagged or asphalted.

Further Sanitary Requirements:—

1. The paving or asphalting of back yards.

GLOSSOP (Borough.)

Medical Officer of Health, D. J. MACKENZIE, M.D.

SANITARY INSPECTOR—SAMUEL DANE, A.R. San. I.

Area in Acres, 3,052.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	21,526 ...	21,688 ...	20,665

Chief Occupations:—Textile, Paper and Calico Printing.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
17.28	114.8	14.23	.77	.48	.62

There is no public scavenging in Glossop. There are still 3,950 pail closets. The Sanitary Department empties the pails and privies when requested to do so by the owners. The scheme is as follows:—

The pail contents are emptied into barrels and then carted down to the sewage works. The excrement is then mixed with sweepings from the mills and ashes. This is a filthy and insanitary method of excrement disposal. The Corporation have provided their district with self-cleansing sewers and an ample water supply can be obtained from the surrounding hills. If there were no sewers in Glossop, something might be said for carting the excreta through the streets in barrels. It is not a business proposition to spend £50,000 on providing sewers and not to fully use them.

Further Sanitary Requirements:—

1. Conversion of pail closets to water closets.
2. The provision of the proper isolation hospital and a steam disinfector.
3. Public scavenging and the provision of galvanised-iron dustbins in the place of ashpits.
4. Augmentation of the public water supply.

HEAGE.

Medical Officer of Health, N. C. BOYLE, L.R.C.P.

SANITARY INSPECTOR—A. J. FORTNAM.

Area in Acres, 2,367.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	2,889 ...	3,474 ...	3,678

Chief Occupation:—Coal Mining.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate
27.18	70.0	11.42	.27	—	.81

At the time of going to press—August 25th— the report of the Medical Officer of Health of this district has not yet been received, but a report from the Sanitary Inspector shows that he is doing excellent work under the Housing and Town Planning Act.

Three closing orders were issued and the houses are being rebuilt. Six privies were converted to water closets.

Nothing has yet been done to provide a water supply for the houses at Buckland Hollow.

Further Sanitary Requirements:—

1. The conversion of privy middens to water closets.
2. The provision of a water supply to the houses at Buckland Hollow.

HEANOR.

Medical Officer of Health, W. H. TURTON, M.B.

SANITARY INSPECTORS—E. J. BIBBS and W. BULLOCK.

Area in Acres, 3,509.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	16,249 ...	19,851 ...	20,918

Chief Occupations:—Coal Mining and Manufacturing.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
26.58	75.5	11.23	.95	.48	.57

In this district the Sanitary Inspector has joined the Army, and the Sanitary Inspector's work has been done by Mr. Bullock.

There are now in the district 1,057 water closets, 2,493 pail closets, 946 privy middens. During the year 20 privy middens and 28 pail closets were converted to water closets.

The scavenging is now done by administration. The work under the Housing and Town Planning Act is in abeyance.

Further Sanitary Requirements:—

1. The paving of back yards.
2. The adoption of water closets.
3. The provision of an isolation hospital.

ILKESTON (Borough).

Medical Officer of Health, J. A. WATT, M.B., D.P.H.

SANITARY INSPECTOR—JOSEPH B. DURO, Cert. R. San.I.

Area in Acres, 2,526.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	25,384 ...	31,657 ...	30,859

Chief Occupations:—Coal Mining and Manufacturing.

Birth Rate.	Infantile Mortality.	Death Rate	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
29.78	142.5	14.90	1.55	48	.84

Captain Watt, the Medical Officer of Health of this district, has gone on military service and his duties are being carried out by Dr. Tobin.

In this district there are 4,114 water closets, 274 privy middens, and 2,120 pail closets. During the year 27 privy middens and 1 pail closet were converted to water closets.

There is an Infant Consultation held in the new School Clinic weekly on Mondays. In a district with over 900 births per annum and an infant mortality of 142 this is not enough. The Corporation should acquaint themselves with the work which is being done in the Borough of Chesterfield, and they cannot do better than follow the example there set.

Further Sanitary Requirements:—

1. More efficient hospital accommodation.
2. More rapid conversion of pail closets to water closets.
3. The paving of back yards.
4. More Infant Welfare work.

LONG EATON.

Medical Officer of Health, E. H. M. MILLIGAN, M.D., D.P.H.

SANITARY INSPECTOR—JOHN TOMLINSON, Cert. R. San. I.

Area in Acres, 2,099.

	Census 1901.	Census 1911.	Estimated 1915.
Population	13,045	19,207	17,460

Chief Occupation:—Textile Manufacturing.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
20.50	75.4	11.45	.68	.11	.57

When the war first broke out there was in Long Eaton considerable unemployment. The District Council therefore decided to carry out a main drainage scheme for the Sawley Road district. Of the 150 men who registered themselves as unemployed, 99 were given work on the scheme. It was found, however, that the great bulk of them were quite unfit for outdoor manual labour. A 15-inch outfall sewer was constructed with a large number of 10-inch and 12-inch tributary sewers. The result is that a long standing source of difficulty with regard to the sewerage of Long Eaton has been removed.

As far as houses themselves are concerned, the Medical Officer reports that there are no houses unfit for habitation in the district. This I can confirm, as during the year I have been round with the Medical Officer and the Sanitary Inspector.

As a result of the war the District Council have extended their Child Welfare work, and to find employment have carried out a new sewage scheme for the Sawley Road area. Reference to their Child Welfare work is given on page 9.

During the year 7 houses were closed voluntarily. Scavenging is done by the servants of the District Council at a cost of 5/9 per house per annum. The number of water closets is 2,549, slop-water closets 75, pail closets 1,815, and privy middens 20.

The water mains have been coupled up to the Derwent Valley water scheme, and some 4,405 houses are supplied, the total number of houses in the district being 4,224. The population has grown so rapidly that there is now very little building land in the district, but there is a large area between the Trent and Long Eaton which would become building land if something could be done to prevent flooding. The Surveyor of the district got out a scheme some time ago for the construction of additional flood arches in the Midland Railway viaduct. The abolition of the weir below the viaduct and the construction of these flood arches would enable this large area on the south side of Long Eaton to become building land. If the weir cannot be moved more flood gates and a free channel should be constructed to enable the flood waters to pass direct down the Trent without coming up the Erewash canal. There is a beautiful stretch of river here and this area of Long Eaton might easily be made a residential district with boating amenities. A housing and town planning scheme which would involve the reclaiming of this land would be a sound business proposition for the District Council to undertake. At the same time the Sewage Disposal Works should be removed further to the east, close on the banks of the Trent.

Further Sanitary Requirements:—

1. A steam disinfector.
2. A refuse destructor erected on the site which will eventually be used for the future Long Eaton sewage disposal scheme.
3. The more rapid conversion of pail closets to water closets.
4. Increased hospital accommodation.

MATLOCK.

Medical Officer of Health, E. CRARER, M.B.

SANITARY INSPECTOR—JOHN D. EVANS, Cert. R. San. I.

Area in Acres, 4,205.

	Census 1901.	Census 1911.	Estimated 1915.
Population	5,979	6,745	5,950

Chief Occupations:—Quarrying and Residential.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
15.96	73.6	13.61	1.34	.33	1.17

There are now in this district 1,133 water closets, 4 slop-water closets, 371 privy middens, and 79 pail closets. During the year 21 privy middens were converted to water closets.

The cost of scavenging is 5/0½ per house per annum. No work has been done under the Housing and Town Planning Act. 82 houses were inspected, but no representations were made to the Local Authority.

Further Sanitary Requirements:—

1. The conversion of the remaining privies to water closets.
2. The completion of the sewerage and sewage disposal scheme.
3. The provision of an isolation hospital in conjunction with the other authorities in the Haddon Hospital area.

MATLOCK BATH.

Medical Officer of Health, GEO. HARVEY, L.R.C.P.

SANITARY INSPECTOR—S. WEBSTER.

Area in Acres, 335.

	Census 1901.	Census 1911.	Estimated 1915.
Population	1,819	1,802	1,593

Chief Occupation:—Residential.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
17.58	71.4	10.04	.62	—	.62

In this district there are no privy middens, 420 water closets, 37 pail closets. The pail closets are being converted to water closets, but the work is hung up owing to the war.

The scavenging is done weekly by the District Council, but no particulars are given as to the cost.

The sewerage scheme is not yet completed owing to scarcity of labour.

During the year there were two cases of cerebro-spinal fever, eight cases of diphtheria, and one case of scarlet fever, but as the Haddon Hospital Committee had not provided any hospital, it was impossible to isolate these cases. The cases of cerebro-spinal fever were soldiers. One proved fatal; the other case was isolated by the Belper Isolation Hospital Committee.

Further Sanitary Requirements:—

1. The provision of an isolation hospital for this and the other authorities within the Haddon Hospital district.
2. The completion of the sewerage and sewage disposal scheme, and the conversion of the remaining pail closets to water closets.

NEW MILLS.

Medical Officer of Health, J. E. ANDERTON, M.R.C.S.

SANITARY INSPECTOR—W. C. SHEARD, A.M.I.C.E.

Area in Acres, 5,204.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	7,773 ...	8,998 ...	8,288

Chief Occupation:—Textile.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
17.61	164.4	14.72	1.93	.60	.96

There are still in this district 184 houses supplied from springs. There are 584 privy middens, 16 pail closets, 697 water closets, and 489 slop-water closets. During the year 10 privies were converted into water closets. The scavenging is done by the servants of the District Council at a cost of 4/6 per house per annum.

Further Sanitary Requirements:—

1. The sewering of Hague Bar.

2. The more rapid conversion of privy middens to water closets.
3. The construction of dry areas on the higher side of houses built into the hillside, so as to obtain through ventilation.

NORTH DARLEY.

Medical Officer of Health, S. E. MORTON, M.R.C.S.

SANITARY INSPECTOR—ERNEST F. LOWE.

Area in Acres, 5,142.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	2,756 ...	3,317 ...	3,011

Chief Occupations:—Quarrying and Residential.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
18.93	70.1	9.30	.33	—	.99

In this district there are still 390 privy middens and 10 pail closets. The water closets are 181 and the slop-water closets 119. Only one privy midden was converted to a water closet during the year. There were three cases of Tuberculosis and three deaths. The three deaths from Phthisis out of a total of 28 deaths is nearly 11%, while the proportion of the whole county is 5·6%. This still shows that a high proportion of the people of North Darley suffer from Phthisis.

Further Sanitary Requirements:—

1. The provision of an isolation hospital.
2. More rapid conversion of privies to water closets.
3. A sewerage and sewage disposal system.

RIPLEY.

Medical Officer of Health, G. W. W. ASHDOWN, M.D.

SANITARY INSPECTOR—W. T. LYNAM.

Area in Acres, 2,815.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	10,111 ...	11,848 ...	12,661

Chief Occupation;—Coal Mining.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate
27.80	73.8	10.58	.55	.31	.31

The scavenging is now undertaken by the District Council's own servants. The cost works out at 7/10 per house per annum. During the year 50 new water closets have been put in, including the conversion of 21 privies to water closets. At the present time the approximate number of privy middens left is 722, while there are 1,430 pail closets and 590 water closets.

During the year water has been laid on to 72 houses.

Further Sanitary Requirements:—

1. The more rapid conversion of privy middens to the water-carriage system.

SOUTH DARLEY.

Medical Officer of Health, J. L. FLETCHER, M.B.

SANITARY INSPECTOR—GEORGE P. PETCH.

Area in Acres, 2,008.

	Census 1901.	Census 1911.	Estimated 1915.
Population	788	809	742

Chief Occupations:—Agriculture, Lead Mining, and Residential.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
17.52	—	10.78	—	—	—

During the year no fresh sanitary undertaking has been initiated in this district. The Medical Officer urges his Council to adopt public scavenging at Wensley and Darley Bridge.

Further Sanitary Requirements:—

1. The adoption of public scavenging at Wensley and Darley Bridge.
2. The provision of an isolation hospital in conjunction with the other authorities within the Haddon Hospital area.
3. The conversion of privy middens to water closets.

SWADLINCOTE.

Medical Officer of Health, J. HAMILTON, M.D.

SANITARY INSPECTOR—GEORGE POLLARD, M.S.I.A.

Area in Acres, 3.670.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	18,014 ...	18,674 ...	18,975

Chief Occupations:—Coal Mining and Pottery Manufacture.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate
29.41	119.9	13.07	1.10	.26	.47

The report from this district contains the result of an investigation made by the Inspector, Mr. Pollard, on the sanitary accommodation of each house in the district. There are now 1,726 houses with water closets, 2,308 on the conservancy system, and 79 slop-water closets.

The scavenging has been re-organised, and during the year 33 privies were converted to water closets and 45 new water closets were built. In addition 83 galvanised iron dustbins have been provided in the place of open ashpits. To encourage occupiers to keep their outbuildings in a cleanly state the District Council give coupons to enable the holder to get free of cost bags of lime from the Council's depôt to enable them to lime-wash their outbuildings. This is done in other districts and brushes also are loaned.

Further Sanitary Requirements:—

1. The provision of an isolation hospital.
2. The more rapid conversion of privy middens to water closets.
3. The paving of backyards.

WHITTINGTON AND NEWBOLD.

Medical Officer of Health, W. D. CARRUTHERS, M.B., D.P.H.

SANITARY INSPECTOR—C. K. HALE.

Area in Acres, 4,179.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	15,015 ...	17,213 ...	17,834

Chief Occupations:—Coal Mining, Iron Works and Manufacturing.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate
29.72	126.4	16.54	2.41	.61	1.28

In this district the Medical Officer of Health, Capt. Carruthers, R.A.M.C., is on military duty, and, unfortunately, during the year the Inspector of Nuisances died. No new work was undertaken, but excellent progress was made in the conversion of privies to water closets. During the year 186 defects in houses were remedied.

Further Sanitary Requirements:—

After the war, the matters which require the urgent attention of the District Council are the paving of back yards and the conversion of privies to the water-carriage system.

WIRKSWORTH.

Medical Officer of Health, A. E. BROSTER, M.R.C.S.

SANITARY INSPECTOR—R. C. BRYAN.

Area in Acres, 3,027.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	3,807 ...	3,888 ...	3,657

Chief Occupations:—**Agriculture and Quarrying**

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
20.78	92.1	16.95	.27	—	.82

In this district public scavenging has not been undertaken. This is the next matter which should receive the attention of the District Council.

The Sewage Disposal Works are now finished, but in many parts of the district drains would have to be laid before the houses could be connected. During the year only six privy middens were converted to water closets, and there are still in the district over 600 of these abominations.

Further Sanitary Requirements:—

1. Now that a sewerage system has been provided, houses should be connected and the privy middens converted to the water-carriage system.
2. Public scavenging.

RURAL DISTRICTS.

ASHBOURNE.

Medical Officer of Health, J. HOOLE, M.R.C.S.

SANITARY INSPECTOR—J. H. WHEELDON.

Area in Acres, 70,380.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	10,441 ...	10,294 ...	10,318

Chief Occupation:—Agriculture.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
19.48	74.6	12.69	.09	.09	.67

During the year a new sewer was laid at Brassington. There are now in the district 211 water closets, 242 pail closets, 60 earth closets, and 5 slop-water closets. Four privies were converted to water closets during the year. The rest of the houses have privy middens. Many of them are old vaults below ground.

Public tips have been provided at Hartington, Kirk Ireton, Brassington, and Parwich. The system is for the inhabitants to deposit their refuse on the tip, and in some instances (the actual places are not given by Dr. Hoole) the District Council's servants remove the refuse from the tip. In the more populous villages it would be an infinitely better plan for the District Council's servants to carry out the whole of the scavenging.

One hundred and fifty houses have been inspected, and during the year one closing order was made. Twenty-seven houses have been repaired.

Although a site for an isolation hospital has been provided, the Mayfield and Ashbourne Joint Hospital Committee have not yet erected a hospital. The site is an admirable one, and if there is sufficient water it would be worth while considering whether the Joint Hospital Committee might not enter into an agreement with the Tuberculosis Committee for the erection of beds for the treatment of bone and joint cases of tuberculosis in children.

Further Sanitary Requirements:—

1. The provision of an isolation hospital for the Ashbourne and Mayfield Hospital Committee.
2. Public scavenging in the larger villages.

BAKEWELL.

Medical Officer of Health, P. S. FENTEM, M.D.

SANITARY INSPECTORS—T. HAWLEY.
T. W. MAWER.

Area in Acres, 84,233.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	18,645 ...	20,257 ...	19,380

Chief Occupations:—Agriculture, Quarrying and Textile.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
18.26	62.1	14.29	.72	.20	.82

In this district the scavenging is efficiently carried out in the parishes of Beeley and Cromford in each case by the owners of the property. At Bradwell, Calver, Eyam, Hathersage, and Tideswell the work is done by contract, and in each case the work would be better done if carried out by the servants of the District Council.

There are now 578 water closets in the district, and during the year 23 privies were converted to water closets. There are still 1,785 old privy middens sunk below the ground, 904 improved middens, 959 pail closets, and 5 earth closets.

One of the Sanitary Inspectors has been called up for military duty. His work during the year has been carried out by the Road Surveyor, Mr. Mawer, of whose efficiency Dr. Fentem speaks most highly. Now that the whole of the Bakewell Rural District has been put under one Medical Officer of Health, Dr. Fentem properly urges that a Chief Sanitary Inspector should be appointed, residing in Bakewell and provided with a motor bicycle, so that he can be intimately in touch with the Medical Officer of Health and the Central Office of the District Council.

During the year there were 19 cases of Diphtheria notified, but as there were no means of isolating the cases the disease is still lingering about the district in the autumn of 1916. Five cases of Cerebro-spinal Meningitis were reported, two of which proved fatal. Twenty-nine cases of Scarlet Fever and 9 of Enteric Fever occurred.

Dr. Fentem calls attention to the necessity for water schemes being carried out at Winster, Elton, and Litton. At Winster, on October 12th, it took seven minutes to fill a bucket of water from the only tap which was flowing. It appears that the supply of water is sufficient if the scheme were properly controlled. The water supply should be taken over by the District Council and regulations made to prevent its waste. There is no doubt that if the Tideswell and Litton supply were taken over by the District

Council there is sufficient water for both places. Dr. Fentem suggests that if the Winster supply were taken over by the District Council, the Council would be able to supply Elton from the same source.

A sewerage and sewage disposal scheme for Grindleford Bridge and the adjoining portions of Eyam Woodlands and Nether Padley has become a crying necessity and should receive the attention of the District Council as soon as it is practicable.

Further Sanitary Requirements:—

1. The provision of an isolation hospital in conjunction with the other authorities within the Haddon Hospital district.
2. Public scavenging in the larger villages.
3. The taking over and controlling by the District Council of the water supplies to Winster, Elton, Tideswell, and Litton.
4. A sewerage and sewage disposal scheme for Grindleford Bridge and the adjoining portions of Eyam Woodlands and Nether Padley.

BASFORD.

Medical Officer of Health, G. B. WRAY, M.R.C.S., D.P.H.

SANITARY INSPECTOR—W. MILNS.

Area in Acres, 3,569.

	Census 1901.	Census 1911.	Estimated 1915.
Population	1,590	1,450	1,440

Chief Occupation:—Coal Mining.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
24.30	—	13.19	—	—	.69

In the Derbyshire portion of this district 7 houses were inspected under the Housing and Town Planning Act, and 2 were demolished voluntarily.

Three cases of Diphtheria were notified, 2 of which were isolated at the Ilkeston Isolation Hospital.

Further Sanitary Requirements:—

1. The sewerage of Codnor Park as soon as the subsidence taking place in the district is complete.

BELPER.

Medical Officer of Health, E. J. H. HOSKYNS, L.R.C.P

SANITARY INSPECTOR—WM. BOULD, Cert. R. San.I.

Area in Acres, 50,357.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	22,478 ...	23,586 ...	25,451

Chief Occupations:—Coal Mining, Agriculture and Textile.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever. and Diarrhœa.	Phthisis Death Rate.
18.62	73.8	11.59	.62	.15	.70

37 houses were connected with the water supply and the mains have been extended to Fritchley and Wingfield Park.

Six privy middens were converted to pail closets and 32 to water closets. Three additional water closets were provided.

The work of scavenging is done by contract in Duffield, Dethick, Kilburn, Mapperley, and South Wingfield, and at the expense of the owners in Milford and Darley Abbey. In some cases the work is done by the occupiers themselves, and the cost varies from 4/5 per house per annum in Dethick to 13/- in Mapperley.

563 houses were inspected under the Housing and Town Planning Act and one closing order was made. Defects in 108 houses were remedied without closing orders being made. Three houses were made fit for habitation after a closing order.

Further Sanitary Requirements:—

1. The conversion of back-to-back houses into houses with through ventilation.
2. The conversion of privy middens and pail closets to water closets.
3. The paving of back yards.
4. Improved scavenging in certain parishes.
5. Increased isolation hospital accommodation.
6. Water schemes for Allestree, Turnditch, Kirk Langley, Mackworth, and Markeaton.

BLACKWELL.

Medical Officer of Health, J. O. LITTLEWOOD, M.R.C.S., D.P.H.

SANITARY INSPECTORS—J. A. JAMES (Northern).
" " S. WILMOT. Cert. R.S.I. (Southern).

Area in Acres, 21,237.

	Census 1901.	Census 1911.	Estimated 1915.
Population	28,748	39,306	39,540

Chief Occupation :—Coal Mining.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate
32.12	102.3	12.09	2.14	.85	.70

The event of the year in this district was the serious outbreak of Diarrhœa and Gastro-enteritis which occurred in the parishes of Blackwell and South Normanton. This outbreak was occasioned by the intermittent insuction of sewage into the water mains leading from a service reservoir to the parishes affected. The matter is referred to in detail on pages 59-60.

During the year the Council, with the approval of the Local Government Board, started Infant Welfare Centres under Dr. Littlewood at Shirebrook, Blackwell, South Normanton, Tibshelf, and Pleasley. This was an important departure and the results will be watched with interest.

During the year 16 privy middens were converted to water closets and there are now in the district 1,186 water closets, 36 slop-water closets, and there are still 2,584 privy middens and 4,294 pail closets.

Altogether some 3,067 articles were disinfected by high-pressure steam.

The cost of scavenging is said to be the same as in the previous year. Each year, however, there are greater difficulties in obtaining sites to deposit refuse on.

The report contains, as usual, a detailed account of the improvements effected in dwellings. Altogether some 466 houses were improved, 5 of which were previously quite unfit for habitation.

Further Sanitary Requirements :—

1. The adoption of water closets at all new houses.
2. The conversion of privy middens and pail closets to water closets.
3. The paving of back yards.

CHAPEL-EN-LE-FRITH.

Medical Officer of Health, W. T. HANNAH, M.D., D.P.H.

SANITARY INSPECTOR—JOSEPH GODDARD, Cert. S.I..

Area in Acres, 78,723.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	13,328 ...	16,557 ...	15,383

Chief Occupations:—Agriculture, Quarrying and Textile.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
19.44	36.7	13.71	.45	.13	1.30

In this district during the year extensive repairs were carried out to 33 houses; 8 were closed under the Housing and Town Planning Act. 20 privies were converted to the water-carriage system.

The population of the district in 1915 is said to be 15,383 and at the Census 1911 it was 16,557. This decrease is partly due to men being called up for military service and also partly due to the removal from the district of the navvies engaged in the construction of the Derwent Valley reservoirs. At Birchinlee 101 houses were pulled down, 8 in Derwent, and 7 in Bamford.

Further Sanitary Requirements:—

1. The paving of back yards in Roebuck Gennel and Middle Gennel, and in Bings Road, Whaley Bridge.
2. Sewerage schemes for Dove Holes and Bamford.
3. An improved water supply for Peak Forest.
4. The carrying out of the housing scheme for Chapel-en-le-Frith.

CHESTERFIELD.

Medical Officer of Health, H. PECK, M.D., D.P.H.

SANITARY INSPECTORS
1. E. S. ROBINSON (Southern District).
2. J. HUTCHINSON, (Staveley District).
3. D. NORTHWAY, (Eckington District).

Area in Acres, 68,986.

	Census 1901.	Census 1911.	Estimated 1915
Population ...	64,327 ...	72,277 ...	71,888

Chief Occupations:—Coal Mining, Ironworks, and Agriculture.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate
28.71	97.8	13.38	1.55	.63	.63

During the year only 40 privies were converted to water closets. Closing orders were made in respect of 13 houses and 9 houses were demolished by order of the Council; 2 were demolished voluntarily. The last of the back-to-back houses at Eckington have been converted into "through houses"; also 7 in West Street, Eckington, and 6 at Pit Hill. The work of conversion at Unstone has been suspended during the war. After the war a Housing and Town Planning scheme for Staveley will be necessary and now is the time for preparing it. To develop the best town planning scheme is an extremely difficult matter, involving as it does the designing of sewage disposal works, the preparing of plans of model cottages with ample air space round them and good aspects, and I would suggest that the District Council in co-operation with the property owners, invite a competition for the best scheme for "New Staveley." From the report it appears that the Surveyor of the District Council was instructed to prepare a sewerage and sewage disposal scheme for the whole parish of Staveley, but owing to depletion of staff he has been unable to proceed with the work. This is an additional reason for opening a competition for a housing and town planning scheme.

Public scavenging is carried out more or less efficiently in most of the parishes, the cost varying from 2/10 per house per annum at Ridgeway and Marsh Lane, 3/4 at Beighton, 3/6 at Ashover and Dronfield Woodhouse to 8/6 at Holmewood. At Killamarsh, Unstone, and Hasland the work is done by the Parish Council, while at Heath it is done by the District Council, but no particulars are given as to the cost. There can be no doubt that scavenging cannot be done efficiently for so small a sum as the amount spent in some of the parishes.

Dr. Peck records the good work being done by the joint scheme of the District Council and the County Council with regard to the Mothers' Welcomes, and recently the District Council have agreed to pay for an additional health visitor. The infant mortality for the whole district was 98 per 1,000 births; among the legitimate children it was 95, and among the illegitimate children 167.

During the year 107 cases of Diphtheria were reported, 13 of which proved fatal, giving a case mortality of 12. This is too high and the medical practitioners of the district should be urged to take advantage of the facilities the District Council offer in supplying antitoxin free of charge, so that it is injected at once as soon as a case is diagnosed. Were this done I have no hesitation in saying that the mortality would be halved.

During the year extensions of the water mains have been made so as to provide Calow and Heath with a better supply. Pressure filters have been installed at Barbrook reservoir.

Further Sanitary Requirements:—

1. A housing and town planning scheme for Staveley.
2. The conversion of privy middens to water closets.
3. The paving of back yards.
4. The consolidation of the southern water scheme if possible in conjunction with the Clay Cross Urban District. If the two authorities could agree to develop the Press gathering-ground and the upper reaches of the Amber itself it would be obviously to the advantage of both.

CLOWNE.

Medical Officer of Health, W. SPENCER, L.R.C.P.

SANITARY INSPECTOR—J. BRADLEY, A R. SAN.I.

Area in Acres, 13,428.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	11,907 ...	17,844 ...	17,507

Chief Occupations:—Coal Mining and Agriculture.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate
31.07	101.1	11.93	1.82	.57	.91

Already 2,272 houses out of a total of 3,503 in the district are connected to the new public water supply. There are still 659 houses supplied from surface wells.

The work of converting the privy middens to water closets has hardly yet started in this district. Now that the water scheme is completed, the next matter which the District Council should take in hand is the abolition of these nuisances.

The scavenging of the district is done by contract—no details are given.

Dr. Spencer urges his District Council to start a scheme of Infant Clinics the same as the Blackwell District Council have done. He particuluarly mentions Creswell as a centre where an Infant Clinic is required.

Further Sanitary Requirements:—

1. The conversion of privy middens to water closets.
2. The paving of back yards.

GLOSSOP DALE.

Medical Officer of Health, D. J. MACKENZIE, M.D.

SANITARY INSPECTOR—R. G. HAWKE.

Area in Acres, 17,891.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	4,151 ...	4,009 ...	3,801

Chief Occupations:—Textile and Agriculture.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
16.31	48.3	12.10	.52	.26	.26

In this district there are 117 water closets and 12 slop-water closets. These are chiefly in Ludworth and Marple Bridge, the only part of the district with a sewerage scheme. There are 495 privy middens and 37 pail closets. During the year 2 privies were converted to water closets. There is no scavenging in the district at all, and it is urgently required at Marple Bridge. It is impossible to prevent the river being polluted with solid house refuse unless scavenging is carried out. Whatever the District Council do, they cannot prevent people throwing their house refuse into the river at night time, and the only manner of preventing this is to collect the refuse.

One hundred and forty-three houses were inspected under the Housing Acts and two were reported as unfit for habitation and were closed.

Further Sanitary Requirements:—

1. Public scavenging at Marple Bridge.
2. The paving of back yards.
3. The conversion of privy middens to water closets.
4. The provision of a steam disinfector in conjunction with other authorities.

HARTSHORNE AND SEALS.

Medical Officer of Health, R. W. LOGAN, M.R.C.S.

SANITARY INSPECTOR—H. J. CHAPMAN.

Area in Acres, 11,479.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	6,988 ...	7,939 ...	8,113

Chief Occupations:—Agriculture, Mining, and Pottery.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
25.14	98.0	11.59	.49	.12	.49

During the year a scheme for pumping the water from the Ticknall springs to a reservoir which allows it to be distributed all over the village came into operation. The scheme has involved a rate of 1/2 in the pound. No charge is made for the water.

In view of the cost of the water supplied to Hartshorne from Several Wood, the District Council have carried out a modified sewerage scheme in that village which gets rid of the chief nuisances, the principal one of which was the pollution of the ditch along the main road. A number of settling tanks have been made and the settled sewage is irrigated over grass plots.

In this district, during the year, 45 privy middens were converted to water closets. There are in the district now 156 water closets and 6 slop-water closets. The whole of the district except Woodville is on the privy midden system.

During the year an additional sewage filter was constructed at Woodville. At Woodville and Overseal scavenging is done by contract. In the rest of the district the emptying of the privy middens is put upon the occupiers.

Further Sanitary Requirements:—

1. The carrying out of a water scheme for the supply of Overseal.
2. The provision of an isolation hospital in conjunction with other neighbouring authorities.
3. The extension of the sewage disposal works at Woodville.

HAYFIELD.

Medical Officer of Health, G. B. PEMBERTON, M.B.

SANITARY INSPECTOR—E. SWIFT.

Area in Acres, 10,282.

	Census 1901.	Census 1911.	Estimated 1915
Population ...	3,832 ...	5,170 ...	4,050

Chief Occupations:—Agriculture and Textile.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
16.05	46.1	12.10	—	—	.49

In this district there are now 612 water closets, 522 privy middens, and 69 pail closets. Two privies and 1 pail closet were converted to water closets during the year.

There is no public scavenging, the work being done by the owners or the occupiers. In Hayfield itself there was a public tip and the District Council have for a period of three months allowed the public to deposit refuse on it free of charge. This is an unsatisfactory arrangement, and the District Council should be urged to carry out public scavenging for Hayfield.

Nothing has yet been done to improve the water supply of Mellor, and the Council should again be pressed to make arrangements to obtain a supply from Stockport as soon as the war is over.

Dr. Pemberton urges the District Council to provide a steam disinfector for their own area.

Further Sanitary Requirements:—

1. The most urgent sanitary requirement is the carrying out of the water scheme for Mellor, and the safe way of doing this is to obtain a supply from Stockport.
2. The provision of a steam disinfector.
3. Public scavenging at Hayfield.
4. The conversion of privy middens and pail closets at Hayfield to water closets.

NORTON.

Medical Officer of Health, A. K. GALE, M.R.C.S.

SANITARY INSPECTOR—EDWARD A. SAMPSON, A.R. SAN.I

Area in Acres, 8,738.

	Census 1901.	Census 1911.	Estimated 1915.
Population	3,348	3,919	4,228

Chief Occupations:—Agriculture and Residential.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis. Death Rate.
14.66	48.3	9.93	.47	.23	.47

I regret to notice in this district that they are rebuilding privy middens instead of converting them to water closets. Very little sanitary work appears to have been done during the year.

Further Sanitary Requirements:—

As soon as the war is over the sewerage arrangements of this district require thoroughly overhauling.

REPTON.

Medical Officer of Health, P. D. MINCHIN, L.R.C.P.

SANITARY INSPECTOR—FRANCIS W. BULLOCK, M.S.I.A.

Area in Acres, 54,273.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	14,605 ...	15,246 ...	14,453

Chief Occupations:—Agriculture and Coal Mining.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
20.54	57.2	13.56	.83	.21	.96

Sixty-two houses were inspected under the Housing and Town Planning Act and 5 were found unfit for habitation. One was closed and 4 were repaired without a closing order. Considerable repairs were voluntarily carried out in 67 cases. Three privy middens were converted to water closets.

The mortality from Diphtheria was 18 per cent. This is too high and shows that the arrangements for the supply of Diphtheria antitoxin for the use of the medical practitioners in the district are not what they should be.

During the year public scavenging has been adopted at Sunnyside, Scropton.

Further Sanitary Requirements:—

1. The water supply at Hatton, Sunnyside, and Scropton from the Tutbury mains.

   A high pressure supply for Mickleover from Derby, so that the water could be taken on to Etwall, Willington, and Repton.

   A supply for Castle Gresley and Linton from the Swadlincote mains.

2. As soon as possible sewerage schemes should be carried out for Willington, Coton-in-the-Elms, Rosliston, and Western Road, Mickleover.

SHARDLOW.

Medical Officer of Health, S. HUNT, M.R.C.S.

SANITARY INSPECTOR—F. G. FORMAN, A.R.San. I.

Area in Acres, 44,358.

	Census 1901.	Census 1911.	Estimated 1915.
Population ...	26,629 ...	30,900 ...	30,959

Chief Occupations:—Agriculture, Coal Mining, and Textile.

Birth Rate.	Infantile Mortality.	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
19.54	79.3	11.95	.48	.22	.67

432 houses were inspected under the Housing and Town Planning Act, and 80 were reported as unfit for habitation. Nine closing orders were made, and 20 houses were closed. Repairs were effected at 114 houses without closing orders. Eight demolition orders were issued and 7 houses were pulled down. During the year 31 new houses were built. The work done during the year was extremely creditable to the District Council and to Mr. Forman.

An excellent table is given shewing the proportion of houses which are now supplied with public water supplies. This works out at a little over 50 per cent. The big scheme for the supply of Ockbrook, Hopwell, Draycott, Breaston, Sawley, and Shardlow is still hung up owing to the war. Carrying out this scheme is the most urgent requirement of the district.

Further Sanitary Requirements:—

1. The carrying out of the water scheme referred to above.
2. The provision of accommodation for the isolation of cases of smallpox.

SUDBURY.

Medical Officer of Health, G. H. HERBERT, M.R.C.S.
SANITARY INSPECTOR—JOHN BARKER.
Area in Acres, 17,299.

	Census 1901.	Census 1911	Estimated 1915.
Population ...	2,547 ...	2,683	2,527

Chief Occupation:—Agriculture.

Birth Rate.	Infantile Mortality	Death Rate.	Zymotic Death Rate.	Death Rate from Enteric Fever and Diarrhœa.	Phthisis Death Rate.
21.76	90.9	11.47	.79	.39	—

There is still no public scavenging in this district. One house unfit for habitation was closed voluntarily. During the year no new houses were erected and no important sanitary work was carried out.

Further Sanitary Requirements:—

1. Public scavenging for the villages of Doveridge and Sudbury.
2. Where there is efficient sewerage, as at Doveridge and Sudbury, the conversion of privy middens to water closets.

Summary of TABLE III. of the Local Government Board.

COUNTY OF DERBY.

Appendix I.

Table of Deaths during the year 1915 in each of the URBAN Sanitary Districts, Classified according to Ages and Diseases.

	DEATHS FROM ALL CAUSES AT SUBJOINED AGES.									DEATHS FROM SUBJOINED CAUSES.																														Totals.	
URBAN SANITARY DISTRICT.	Under 1 year.	1 and under 2	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65	65 and upwards.		Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria & Croup.	Influenza.	Erysipelas.	Pulmonary Tuberculosis.	Tuberculous Meningitis	Other Tuberculous Diseases.	Cancer. Malignant Disease.	Rheumatic Fever.	Meningitis.	Organic Heart Disease.	Bronchitis	Pneumonia (all forms).	Other Diseases of Respiratory Organs.	Diarrhœa and Enteritis.	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's Disease.	Puerperal Fever.	Other Accidents and Diseases of Pregnancy & Parturition.	Congenital Debility and Malformation including Premature Birth.	Violent Deaths (excluding Suicides).	Suicides.	Other Defined Diseases.	Diseases ill-defined or unknown.	All Causes.	At all Ages.
ALFRETON	35	8	7	12	13	25	48	69	Under 5	...	...	3	...	...	2	...	...	1	2	...	...	..	2	...	...	16	...	2	...	...	...	1	...	1	8	...	...	3	9	50	217
									Over 5	2	...	...	...	...	4	2	...	9	1	2	16	1	...	24	17	5	4	2	2	...	...	7	2	5	...	5	1	34	22	167	
ALVASTON & BOULTON	3	1	1	...	1	3	2	6	Under 5	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	5	17
									Over 5	...	...	...	...	...	...	...	...	3	...	...	1	. .	...	3	...	3	...	...	...	...	...	2	...	...	...	...	...	...	...	12	
ASHBOURNE	9	5	...	2	1	5	12	19	Under 5	...	...	1	...	2	...	...	...	...	...	..	...	...	...	...	...	3	...	...	...	...	...	...	...	...	7	..	...	...	1	14	53
									Over 5	...	...	...	...	...	...	...	...	2	...	1	5	...	...	6	1	2	...	...	1	...	...	6	...	...	...	1	...	13	1	39	
BAKEWELL	5	2	...	1	1	3	9	14	Under 5	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	3	...	...	...	...	7	35
									Over 5	...	...	1	...	...	1	...	...	3	...	...	3	...	...	2	5	...	1	...	...	1	...	1	...	...	...	...	...	7	3	28	
BASLOW	2	...	1	...	...	2	1	5	Under 5	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	2	...	...	...	...	3	11
									Over 5	...	...	...	...	...	...	1	...	1	...	...	2	...	...	...	...	1	...	...	...	...	...	...	...	...	..	...	...	3	...	8	
BELPER	31	6	5	11	7	17	31	67	Under 5	...	...	1	...	...	3	. .	...	...	...	...	...	...	2	...	2	10	...	1	...	...	...	...	...	...	18	...	...	4	1	42	175
									Over 5	...	...	...	...	...	6	...	2	12	...	...	10	...	...	19	10	7	2	...	...	1	...	8	2	...	...	3	3	48	...	133	
BOLSOVER	46	18	6	10	4	18	19	24	Under 5	...	...	12	1	7	1	...	...	1	1	1	...	..	3	...	8	9	...	2	...	...	...	...	...	...	13	...	...	6	5	70	145
									Over 5	...	...	1	...	...	1	...	...	4	1	2	6	...	1	9	11	1	...	...	1	...	...	3	2	1	...	5	1	24	1	75	
BONSALL	...	...	...	1	1	2	6	3	Under 5	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13
									Over 5	...	...	...	...	...	...	...	...	..	...	...	1	1	..	3	2	1	...	..	...	...	...	...	...	1	...	...	...	4	...	13	
BRAMPTON & WALTON	1	1	...	...	2	5	6	18	Under 5	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	33
									Over 5	..	...	...	...	...	...	1	...	3	...	3	1	...	...	5	7	2	...	. .	...	...	...	...	...	...	...	1	...	8	...	31	
BUXTON	19	6	3	2	4	18	36	46	Under 5	...	...	3	...	5	...	...	...	...	...	...	...	...	2	...	1	3	...	1	...	...	...	...	...	...	9	1	...	3	...	28	134
									Over 5	1	...	...	...	...	...	3	...	7	...	2	13	...	...	10	16	7	2	...	1	2	1	9	...	2	...	2	1	27	...	106	
CHESTERFIELD (Boro')	115	48	35	23	26	58	127	145	Under 5	...	...	44	...	6	1	...	...	2	3	4	...	...	4	...	21	27	...	7	...	...	...	...	...	...	45	1	...	23	10	198	577
									Over 5	1		3	1	...	2	1	...	35	3	1	40	1	1	41	38	16	6	1	3	3	1	16	1	3	...	12	...	126	23	379	
CLAY CROSS	38	14	8	7	3	8	22	40	Under 5	...	...	12	...	...	...	...	...	...	...	1	...	..	3	..	5	7	1	5	...	...	...	...	...	...	15	...	...	7	4	60	140
									Over 5	...	...	3	...	...	...	...	...	1	...	1	4	...	1	12	12	4	2	...	...	...	...	3	...	1	...	3	1	21	11	80	
DRONFIELD	11	7	2	4	1	5	14	20	Under 5	...	...	...	...	...	1	...	...	...	1	...	..	...	...	2	5	6	...	...	...	...	...	...	...	...	2	...	...	3	...	20	64
									Over 5	1	...	...	...	...	1	2	...	4	...	2	1	...	1	4	2	3	1	...	...	...	...	2	...	...	...	1	2	17	...	44	
FAIRFIELD	13	4	2	1	3	14	11	13	Under 5	...	...	1	...	2	...	...	...	...	...	...	...	...	1	...	...	4	...	...	...	...	...	...	...	...	6	...	...	5	...	19	61
									Over 5	...	...	...	...	...	...	1	...	8	1	...	3	...	...	2	2	2	...	...	...	1	...	...	...	1	...	1	2	8	10	42	
GLOSSOP (Boro')	41	8	7	6	11	27	80	114	Under 5	...	...	...	...	1	2	...	...	.	...	1	...	...	...	...	6	9	...	9	1	...	...	...	...	...	12	3	...	11	1	56	294
									Over 5	...	...	1	1	...	1	5	...	13	1	1	25	2	...	39	36	11	1	1	1	6	. .	13	...	1	...	7	1	69	2	238	
HEAGE	7	..	4	2	...	3	15	11	Under 5	...	...	...	...	1	...	...	...	1	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	5	...	...	1	...	11	42
									Over 5	...	...	...	...	...	...	...	...	2	...	...	5	...	...	9	...	1	..	...	...	...	...	...	...	...	..	...	...	14	...	31	
HEANOR	42	8	13	9	12	25	51	75	Under 5	..	...	5	1	1	2	...	...	..	1	. .	...	...	...	...	1	12	...	9	...	...	...	...	...	...	20	2	...	9	...	63	235
									Over 5	...	...	1	...	...	...	2	1	12	1	4	17	...	1	23	18	11	...	1	1	...	...	3	...	2	...	5	1	68	...	172	
ILKESTON (Boro')	131	34	32	20	24	46	84	89	Under 5	1	...	25	...	3	1	1	...	...	2	3	...	...	5	...	21	40	...	10	...	...	...	...	...	...	36	5	...	44	...	197	460
									Over 5	3	...	1	...	...	3	6	...	26	...	7	17	...	3	29	49	12	1	1	2	2	...	7	2	2	...	13	4	73	...	263	
LONG EATON	27	10	8	10	8	34	43	60	Under 5	...	...	2	3	2	2	..	...	...	1	1	...	...	1	...	1	6	..	2	...	...	...	1	...	...	12	3	...	8	...	45	200
									Over 5	...	...	...	...	...	1	2	...	10	...	2	13	3	...	18	11	11	2	...	3	...	1	5	1	4	...	6	1	60	1	155	
MATLOCK	7	2	7	3	2	8	14	38	Under 5	...	...	3	...	1	1	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	5	...	...	3	...	16	81
									Over 5	..	...	...	...	...	2	...	...	7	...	...	4	...	1	13	2	3	...	1	2	...	...	3	...	...	...	4	...	21	2	65	
MATLOCK BATH	2	...	...	...	1	. .	4	9	Under 5	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	16
									Over 5	...	...	...	...	...	...	...	...	1	...	...	1	...	...	5	3	1	...	...	...	...	...	...	...	...	...	...	...	3	...	14	
NEW MILLS	24	11	7	...	5	11	31	33	Under 5	...	...	10	...	1	...	...	...	...	2	...	...	...	...	1	3	7	...	5	...	...	...	2	...	2	8	...	...	1	...	42	122
									Over 5	...	...	...	...	...	...	1	...	8	...	...	7	...	...	14	8	7	1	...	...	1	...	5	...	...	...	1	...	27	...	80	
NORTH DARLEY	4	2	1	1	1	5	7	7	Under 5	...	...	. .	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	3	1	...	1	...	7	28
									Over 5	...	...	...	...	...	...	...	...	3	...	...	3	1	...	2	4	...	...	...	1	...	...	1	...	...	...	2	...	3	1	21	
RIPLEY	26	4	8	13	1	14	29	39	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	4	5	...	3	...	...	...	...	...	...	19	1	...	5	...	38	134
									Over 5	1	...	...	...	...	3	1	...	4	...	1	12	...	...	16	9	2	1	...	1	2	...	7	...	...	1	8	...	18	9	96	
SOUTH DARLEY	...	...	...	...	...	...	2	6	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	8
									Over 5	. .	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	1	...	...	..	...	...	4	...	8	
SWADLINCOTE	67	13	11	7	11	14	50	75	Under 5	...	...	..	1	8	3	1	...	...	1	5	...	...	2	1	4	7	...	5	...	...	...	...	...	2	37	1	...	13	...	91	248
									Over 5	...	...	...	...	1	3	3	...	9	3	1	12	2	1	11	13	11	3	...	1	3	...	9	...	2	...	10	...	59	...	157	
WHITTINGTON AND NEWBOLD	67	32	27	22	5	34	50	58	Under 5	...	...	24	...	1	2	...	...	1	...	...	...	...	1	...	13	27	2	11	...	...	...	...	...	...	23	1	...	20	...	126	295
									Over 5	...	...	3	...	...	2	3	...	22	2	1	14	...	1	17	17	12	2	...	1	1	...	13	...	2	...	3	..	49	4	169	
WIRKSWORTH	7	1	2	...	3	6	18	35	Under 5	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	3	...	...	...	...	...	...	...	...	4	...	...	1	...	10	72
									Over 5	...	...	...	...	...	...	4	...	3	...	...	2	...	...	16	2	1	...	...	...	...	...	1	2	...	...	1	...	30	...	62	
TOTAL OF URBAN DISTRICTS	780	245	197	167	151	410	822	1,138	Under 5	1	...	148	6	42	23	3	...	6	14	17	1	...	28	4	96	211	3	73	1	...	...	4	...	5	315	19	...	171	31	1222	3910
									Over 5	9	...	14	2	1	30	39	3	212	13	31	238	11	11	354	292	137	29	7	21	23	3	125	12	25	1	94	18	838	90	2688	

COUNTY OF DERBY.

Table of Deaths during the year 1915 in each of the RURAL Sanitary Districts, Classified according to Ages and Diseases.

RURAL SANITARY DISTRICTS.	DEATHS FROM ALL CAUSES AT SUBJOINED AGES.									DEATHS FROM SUBJOINED CAUSES.																														TOTALS.	
	Under 1 year.	1 and under 2	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.		Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough	Diphtheria and Croup.	Influenza.	Erysipelas.	Pulmonary Tuberculosis.	Tuberculous Meningitis.	Other Tuberculous Diseases.	Cancer, Malignant Diseases.	Rheumatic Fever.	Meningitis.	Organic Heart Disease.	Bronchitis.	Pneumonia (all forms).	Other Diseases of Respiratory Organs.	Diarrhœa and Enteritis.	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's Disease.	Puerperal Fever.	Other Accidents and Diseases of Pregnancy and Parturition.	Congenital Debility & Malformation (including Premature Birth).	Violent Deaths (excluding Suicides).	Suicides.	Other Defined Diseases.	Diseases ill-defined or unknown.	All Causes.	At all Ages.
ASHBOURNE	15	2	1	2	4	15	25	67	Under 5	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1	1	2	...	...	...	...	...	...	...	1	9	1	...	1	...	18	131
									Over 5	...	...	...	...	...	...	6	...	7	1	1	9	2	1	20	4	5	2	1	...	1	...	7	...	...	...	1	...	45	...	113	
BAKEWELL	22	9	8	8	9	17	63	141	Under 5	...	...	4	...	1	...	...	1	1	1	...	...	...	...	...	9	3	3	1	...	..	...	...	...	...	7	3	...	2	3	39	277
									Over 5	3	...	1	...	...	4	7	...	15	1	1	24	2	2	42	20	8	...	...	..	2	1	7	...	1	...	4	1	76	16	238	
BASFORD	...	...	...	2	1	...	8	8	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	19
									Over 5	...	...	...	...	...	...	...	...	1	...	1	1	...	...	3	2	2	...	...	...	...	...	1	...	...	...	1	...	7	...	19	
BELPER	35	7	13	14	10	37	61	118	Under 5	...	...	...	2	...	3	...	...	...	...	2	...	...	1	1	3	16	...	3	...	...	...	1	...	1	12	4	...	6	...	55	295
									Over 5	1	...	...	1	...	6	3	...	18	1	2	22	...	...	34	13	17	1	...	2	2	...	12	...	...	...	10	4	43	48	240	
BLACKWELL	130	54	33	24	17	54	78	88	Under 5	...	...	31	1	6	5	...	...	...	11	2	...	...	8	...	13	30	...	33	...	...	...	...	...	...	48	7	...	22	...	217	478
									Over 5	1	...	1	2	...	5	1	...	28	2	2	24	1	...	32	23	20	4	...	3	3	...	8	2	1	...	15	1	82	...	261	
CHAPEL-EN-LE-FRITH ...	11	11	7	7	9	36	68	62	Under 5	...	...	...	...	2	2	...	...	...	...	4	...	..	1	...	1	4	...	...	...	...	...	...	...	...	9	...	...	1	5	29	211
									Over 5	2	...	...	...	...	1	1	...	20	...	2	13	...	1	8	10	15	...	...	...	2	1	8	...	1	...	9	...	37	51	182	
CHESTERFIELD	202	66	46	58	43	96	200	251	Under 5	...	...	39	1	4	7	1	...	1	3	6	...	...	5	...	23	39	5	32	...	...	...	4	...	...	78	9	...	57	...	314	962
									Over 5	...	...	5	4	...	6	14	2	45	5	6	52	3	7	95	55	39	8	14	4	9	..	33	2	3	1	31	5	181	19	648	
CLOWN	55	11	13	21	9	22	34	44	Under 5	...	...	8	1	...	6	...	...	...	...	1	...	...	...	...	4	7	...	9	...	...	...	...	...	2	19	1	...	21	...	79	209
									Over 5	...	...	1	...	...	6	3	...	16	...	1	10	2	...	7	15	5	3	1	...	...	...	...	...	1	...	4	1	54	...	130	
GLOSSOP DALE	3	1	1	...	...	5	10	26	Under 5	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	2	...	5	46
									Over 5	...	...	...	...	...	...	1	...	1	...	...	3	...	...	8	3	1	...	...	...	1	...	...	...	...	...	1	...	22	...	41	
HARTSHORNE & SEALS ...	20	3	3	4	4	13	23	24	Under 5	...	...	1	...	...	1	1	...	...	...	...	...	...	...	. .	3	5	...	...	...	...	...	...	...	...	8	...	...	7	...	26	94
									Over 5	...	...	...	...	1	...	...	...	4	...	2	8	...	2	14	4	3	...	1	...	1	...	1	...	...	...	3	1	17	6	68	
HAYFIELD...	3	...	...	2	2	6	11	25	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	3	49
									Over 5	...	...	...	..	...	...	..	...	2	...	...	5	...	1	4	7	2	...	...	2	...	...	2	...	...	...	1	..	5	15	46	
NORTON	3	...	3	2	4	2	13	15	Under 5	...	...	...	...	...	1	...	...	..	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2	...	...	1	...	6	42
									Over 5	...	...	...	...	...	1	...	...	2	1	...	1	...	...	7	4	2	...	1	1	...	...	1	...	...	...	1	1	12	1	36	
REPTON	17	5	5	9	5	21	45	89	Under 5	..	...	2	...	2	1	1	...	...	1	...	...	...	1	1	1	2	1	1	...	...	...	...	...	...	6	...	...	7	...	27	196
									Over 5	1	...	1	1	...	2	5	...	14	1	1	13	...	...	26	12	5	4	1	...	3	...	13	...	...	...	5	...	61	...	169	
SHARDLOW	48	11	13	9	14	43	85	147	Under 5	...	...	2	1	1	1	...	1	1	1	1	...	...	2	...	13	5	1	4	...	...	...	. .	...	...	24	3	...	9	2	72	370
									Over 5	1	...	...	1	...	2	4	2	20	1	2	34	5	3	46	39	17	4	2	1	...	...	10	1	...	...	5	...	90	8	298	
SUDBURY	5	...	...	...	3	4	5	12	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	1	...	5	29
									Over 5	1	...	...	...	...	1	1	...	...	...	...	2	...	...	4	...	...	2	...	...	...	...	1	...	...	...	3	...	5	4	24	
TOTAL OF RURAL DISTRICTS	569	180	146	162	134	371	729	1117	Under 5	...	...	88	6	16	27	4	2	3	18	16	...	...	18	3	72	116	10	84	...	...	...	5	...	4	228	28	...	137	10	895	3408
									Over 5	10	...	9	9	1	34	46	4	193	13	21	221	15	17	350	211	141	28	21	13	24	2	104	5	7	1	94	14	737	168	2513	
WHOLE COUNTY.																																									
RURAL DISTRICTS	569	180	146	162	134	371	729	1117	All ages	10	...	97	15	17	61	50	6	196	31	37	221	15	35	353	283	257	38	105	13	24	2	109	5	11	229	122	14	874	178	3408	3408
URBAN DISTRICTS	780	245	197	167	151	410	822	1138	All ages	10	...	162	8	43	53	42	3	218	27	48	239	11	39	358	388	348	32	80	22	23	3	129	12	30	316	113	18	1009	121	3910	3910
WHOLE COUNTY	1349	425	343	329	285	781	1551	2255	All ages	20	...	259	23	60	114	92	9	414	58	85	460	26	74	711	671	605	70	185	35	47	5	238	17	41	545	235	32	1883	299	7318	7318

COUNTY OF DERBY. Year 1915. Infant Deaths

Summary of Table IV. of the Local Government Board.

Deaths of Infants in URBAN Districts.

URBAN DISTRICTS.	Under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.		Smallpox.	Chicken Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Erysipelas.	Tuberculous Meningitis.	Abdominal Tuberculosis.	Other Tuberculous Diseases.	Meningitis (not Tuberculous).	Convulsions.	Laryngitis.	Bronchitis.	Pneumonia (all forms).	Diarrhœa.	Enteritis.	Gastritis.	Syphilis.	Rickets.	Suffocation over-lying.	Injury at Birth.	Atelectasis.	Congenital Malformation	Premature Birth.	Atrophy, Debility, Marasmus.	Other Causes.	All Causes.		Death Rate per 1,000 Births.
ALFRETON	11	5	7	5	7	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	1	4	3	1	11	35	63.5
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	1	2	..	..	13	1	1	..	..	..	..	..	..	1	..	1	4	24		
ALVASTON & BOULTON	2	..	..	..	1	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2	3	73.1
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1		
ASHBOURNE	5	3	..	..	1	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	2	..	5	9	121.6
						Over 1 Month	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	4		
BAKEWELL	2	..	..	..	3	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	2	5	113.6
						Over 1 Month	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	3		
BASLOW	2	..	..	..	..	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	2	2	111.1
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
BELPER	18	4	3	4	2	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	12	3	2	18	31	109.1
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	1	1	..	1	7	1	..	..	..	..	..	..	..	..	1	1	..	13		
BOLSOVER	18	9	6	7	6	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	..	..	..	..	..	..	..	1	1	8	3	2	18	46	135.7
						Over 1 Month	..	..	3	..	5	..	..	..	..	1	1	1	..	5	4	1	1	..	1	..	..	..	..	..	..	2	3	28		
BONSALL	..	..	..	..	..	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
BRAMPTON & WALTON	1	..	..	..	..	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	20.4
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
BUXTON	10	7	..	..	2	Under 1 Month	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	1	..	..	3	3	..	10	19	118.0
						Over 1 Month	..	..	1	..	2	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	3	..	9		
CHESTERFIELD (BORO')	41	10	30	23	11	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	2	3	20	7	7	41	115	112.6
						Over 1 Month	..	..	12	..	3	..	..	1	2	..	2	4	..	14	9	4	..	2	1	1	..	..	1	1	1	13	3	71		
CLAY CROSS	13	6	5	7	7	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	1	6	2	2	13	38	140.7
						Over 1 Month	..	..	2	..	..	..	..	..	..	..	2	3	..	3	3	2	3	..	..	1	..	..	..	..	..	5	1	25		
DRONFIELD	2	4	1	2	2	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	2	11	127.9
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	5	2	..	..	1	..	..	..	..	..	..	..	..	1	9		
FAIRFIELD	6	3	2	..	2	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	5	..	..	6	13	144.4
						Over 1 Month	..	..	..	..	1	..	..	..	..	..	1	2	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..	7		
GLOSSOP (BORO') ..	12	8	9	7	5	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	1	..	..	..	1	..	..	1	5	2	..	12	41	114.8
						Over 1 Month	..	..	..	..	1	..	..	..	..	1	..	2	..	4	5	..	8	..	..	..	..	..	..	..	..	4	4	29		
HEAGE	5	1	1	..	..	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	5	7	70.0
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	2		
HEANOR	15	8	9	7	3	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	11	2	..	15	42	75.5
						Over 1 Month	..	..	2	..	..	..	..	..	..	..	..	1	..	..	5	3	5	..	1	..	..	..	..	..	2	5	3	27		
ILKESTON (BORO') ..	47	20	24	27	13	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	17	2	19	4	3	47	131	142.5
						Over 1 Month	..	..	7	..	2	..	..	..	..	2	2	8	..	13	21	4	6	..	..	..	1	..	2	..	2	9	5	84		
LONG EATON	14	4	6	2	1	Under 1 Month	..	..	..	..	1	..	..	..	..	..	..	3	..	..	..	1	..	..	1	..	..	..	..	..	6	2	..	14	27	75.4
						Over 1 Month	..	..	..	..	..	..	..	..	1	..	..	3	..	1	3	..	1	..	..	..	..	..	..	1	..	3	..	13		
MATLOCK	5	1	1	..	..	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	1	..	5	7	73.6
						Over 1 Month	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	2		
MATLOCK BATH ..	..	..	..	1	1	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	71.4
						Over 1 Month	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2		
NEW MILLS	9	5	4	2	4	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	1	..	5	1	..	9	24	164.4
						Over 1 Month	..	..	2	..	..	..	..	..	..	..	..	..	..	2	4	..	3	..	..	1	..	..	..	1	..	1	1	15		
NORTH DARLEY ..	3	..	..	1	..	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	3	4	70.1
						Over 1 Month	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1		
RIPLEY	10	3	4	6	3	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	9	..	1	10	26	73.8
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	1	..	..	3	3	..	..	..	..	..	..	..	..	..	9	..	..	16		
SOUTH DARLEY.. ..	..	..	..	..	..	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
SWADLINCOTE	31	14	11	7	4	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	1	3	16	8	1	31	67	119.9
						Over 1 Month	..	..	..	..	4	..	..	1	3	..	1	3	..	3	4	1	2	2	2	..	..	..	..	..	2	7	1	36		
WHITTINGTON AND NEWBOLD	20	9	8	19	11	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	6	..	..	..	..	..	..	..	..	..	..	..	1	11	2	..	20	67	126.4
						Over 1 Month	..	..	3	..	1	..	..	..	..	..	..	8	..	9	10	4	2	1	..	..	..	..	..	..	3	6	..	47		
WIRKSWORTH	3	2	1	1	..	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	3	7	92.1
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	..	..	..	..	..	..	..	..	1	..	..	4		
URBAN DISTRICTS ..	305	126	132	128	89	Under 1 Month	..	..	..	..	2	..	..	..	..	..	..	22	..	5	1	1	2	1	2	..	2	1	24	16	156	51	19	305	780	108.3
						Over 1 Month	..	..	33	..	22	..	..	3	6	4	12	39	..	64	100	22	34	7	6	4	1	..	3	5	22	62	26	475		

COUNTY OF DERBY. Year 1915. Infant Deaths.

Appendix 2a.

Summary of Table IV. of the Local Government Board.

Deaths of Infants in RURAL Districts.

RURAL DISTRICTS.	Under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.		Smallpox.	Chicken Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Erysipelas.	Tuberculous Meningitis.	Abdominal Tuberculosis.	Other Tuberculous Diseases.	Meningitis (not Tuberculous.)	Convulsions.	Laryngitis.	Bronchitis.	Pneumonia (all forms.)	Diarrhœa.	Enteritis.	Gastritis.	Syphilis.	Rickets.	Suffocation Overlying.	Injury at Birth.	Atelectasis.	Congenital Malformations.	Premature Birth.	Atrophy, Debility, Marasmus.	Other Causes.	All Causes.		Death Rate per 1,000 Births.
ASHBOURNE	5	3	2	3	2	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	3	..	5	15	74.6
						Over 1 Month	..	..	..	..	..	..	..	1	..	..	..	..	..	1	2	..	..	1	..	..	..	..	..	..	2	2	1	10		
BAKEWELL	4	7	1	4	6	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	1	4	22	62.1
						Over 1 Month	..	..	1	..	1	..	1	..	..	..	..	4	..	4	3	..	..	..	..	..	1	..	..	1	..	1	1	18		
BASFORD	..	..	..	..	..	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
BELPER	13	7	8	2	5	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	2	8	1	..	13	35	73.8
						Over 1 Month	..	..	..	..	..	1	..	..	1	..	..	1	..	1	10	..	2	..	..	..	1	..	..	..	..	4	1	22		
BLACKWELL	41	26	28	18	17	Under 1 Month	..	..	1	..	..	..	..	..	..	..	..	2	..	1	1	..	..	..	1	..	1	..	1	4	21	6	2	41	130	102.3
						Over 1 Month	..	..	3	..	4	..	..	4	..	..	4	7	..	5	16	24	1	..	..	..	..	..	..	1	6	10	4	89		
CHAPEL-EN-LE-FRITH..	9	..	..	..	2	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	2	4	1	..	9	11	36.7
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2		
CHESTERFIELD ..	86	31	28	33	24	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	11	..	1	..	..	2	..	..	..	..	1	6	5	35	21	4	86	202	97.8
						Over 1 Month	..	..	8	..	2	..	..	..	3	2	5	18	..	14	17	4	15	3	1	..	..	..	..	3	7	7	7	116		
CLOWN	26	3	9	8	9	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	..	..	..	2	1	..	13	3	4	26	55	101.1
						Over 1 Month	..	..	4	..	..	..	..	..	..	..	..	..	..	..	4	..	7	..	..	1	..	..	..	..	..	3	10	29		
GLOSSOP DALE	1	..	1	1	..	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	48.3
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2		
HARTSHORNE & SEALS	9	3	3	3	2	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	5	3	..	9	20	98.0
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	..	4	..	2	4	..	..	1	..	..	..	..	..	..	..	..	..	11		
HAYFIELD	3	..	..	..	..	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	2	..	..	..	3	3	46.1
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
NORTON	1	1	..	..	1	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	3	48.3
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	2		
REPTON	6	4	2	1	4	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	3	1	..	6	17	57.2
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	..	3	..	1	2	..	..	1	..	..	..	..	..	..	..	1	3	11		
SHARDLOW	25	6	13	2	2	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	3	13	3	2	25	48	79.3
						Over 1 Month	..	..	..	..	1	..	1	1	..	..	2	2	..	4	1	1	3	..	..	..	..	..	..	2	..	3	2	23		
SUDBURY	5	..	..	..	..	Under 1 Month	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	5	5	90.9
						Over 1 Month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
RURAL DISTRICTS ..	234	91	95	75	74	Under 1 Month	..	..	1	..	..	..	..	..	..	..	..	22	..	4	2	..	4	1	1	..	2	4	9	20	106	45	13	234	569	86.3
						Over 1 Month	..	..	16	..	8	1	2	6	4	2	11	41	..	34	60	29	28	6	1	1	2	..	..	7	15	32	29	335		
URBAN DISTRICTS ..	305	126	132	128	89	Under 1 Month	..	..	..	..	2	..	..	..	..	..	..	22	..	5	1	1	2	1	2	..	2	1	24	16	156	51	19	305	780	108.3
						Over 1 Month	..	..	33	..	22	..	..	3	6	4	12	39	..	64	100	22	34	7	6	4	1	..	3	5	22	62	26	475		
WHOLE COUNTY ..	539	217	227	203	163	Under 1 Month	..	..	1	..	2	..	..	..	..	..	..	44	..	9	3	1	6	2	3	..	4	5	33	36	262	96	32	539	1349	97.8
						Over 1 Month	..	..	49	..	30	1	2	9	10	6	23	80	..	98	160	51	62	13	7	5	3	..	3	12	37	94	55	810		

WHOLE COUNTY.

	Under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.		Smallpox.	Chicken Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Erysipelas.	Tuberculous Meningitis.	Abdominal Tuberculosis.	Other Tuberculous Diseases.	Meningitis (not Tuberculous.)	Convulsions.	Laryngitis.	Bronchitis.	Pneumonia (all forms.)	Diarrhœa.	Enteritis.	Gastritis.	Syphilis.	Rickets.	Suffocation Overlying.	Injury at Birth.	Atelectasis.	Congenital Malformations.	Premature Birth.	Atrophy, Debility, Marasmus.	Other Causes.	All Causes.	Death Rate per 1,000 Births.
RURAL DISTRICTS ..	234	91	95	75	74	Under 12 Months	..	..	17	..	8	1	2	6	4	2	11	63	..	38	62	29	32	7	2	1	4	4	9	27	121	77	42	569	86.3
URBAN DISTRICTS ..	305	126	132	128	89	Under 12 Months	..	..	33	..	24	..	..	3	6	4	12	61	..	69	101	23	36	8	8	4	3	1	27	21	178	113	45	780	108.3
WHOLE COUNTY	539	217	227	203	163	Under 12 Months	..	..	50	..	32	1	2	9	10	6	23	124	..	107	163	52	68	15	10	5	7	5	36	48	299	190	87	1349	97.8

Derbyshire Sanatorium,

WALTON, nr. CHESTERFIELD.

Medical Superintendent -	W. C. FOWLER, M.D., B.S.
Assistant Medical Officer -	Miss J. AHERN, L.R.C.P. & S.I.
Matron - - - -	Miss M. M. MELDRUM.

Patients are admitted through the Tuberculosis Officers in charge of the Dispensaries. These are open as stated below :—

BURTON DISPENSARY.—31, Union Street, Burton-on-Trent.
Open :—Tuesdays, 4.30 to 6.30 p.m.
Fridays, 2 to 4 and 4.30 to 6.30 p.m.
Dr. J. M. Cowie.

CHESTERFIELD DISPENSARY.—Brimington Rd., Chesterfield
Open :—Mondays, 2 to 4 and 6 to 8 p.m.
Fridays, 10 to 12 a.m. and 2 to 4 p.m.
Dr. W. C. Fowler.

CHINLEY DISPENSARY.—Lower Lane, Chinley.
Open :—Wednesdays, 2.30 to 7.30 p.m.
Saturdays, 9 to 11.50 a.m.
Dr. R. C. Holt.

DERBY DISPENSARY.—County Offices, St. Mary's Gate, Derby
Open :—Tuesdays, 2.30 to 4 p.m.
Fridays, 10 to 12 noon and 2.30 to 4 p.m.
Dr. B. S. Nicholson.

GLOSSOP DISPENSARY.—Surrey Street, Glossop.
Open :—Mondays & Fridays, 3.30 to 5 and 6.30 to 7.30 p.m.
Dr. R. C. Holt.

ILKESTON DISPENSARY.—Albert Street, Ilkeston.
Open.—Mondays, 2.30 to 4.30 and 6.30 to 7 p.m.
Thursdays, 2.30 to 4 p.m.
Dr. B. S. Nicholson.

LONG EATON DISPENSARY.—Health Office, Market Place, Long Eaton.
Open :—Thursdays, 10 a.m. to 12 noon.
Dr. B. S. Nicholson.

MATLOCK DISPENSARY.—Bakewell Road, Matlock.
Open :—Wednesdays *only*, 2.30 to 4.30 and 6 to 7.30 p.m.
Dr. B. S. Nicholson.